

Case Number:	CM14-0083122		
Date Assigned:	07/21/2014	Date of Injury:	08/19/2009
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old gentleman who was reportedly injured on August 19, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 5, 2014, indicates that there are ongoing complaints of neck pain and back pain. Current medications include Norco, Topamax, Lisinopril and Protonix. The physical examination demonstrated tenderness over the cervical and lumbar spine with decreased cervical and lumbar spine range of motion secondary to pain. There was a positive left-sided Gaenslen's test and Patrick's test. Lower extremity muscle strength was normal. Diagnostic imaging studies of the cervical spine revealed a disc bulge at C5 - C6 and C6 - C7. There was advanced hypertrophic changes of the facet joints at C4 - C5. Previous nerve conduction studies did not show a cervical radiculopathy. Previous treatment includes thoracic spine epidural steroid injections, cervical spine facet joint injections, and physical therapy. A request was made for a fluoroscopy guided left C5 - C6 and C7 - T-1 facet joint medial branch block and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluoroscopy Guided Diagnostic Left C5-C6 and Left C7-T1 Facet Joint Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Therapeutic Steroid Injections, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, Facet Joint Therapeutic Steroid Injections are generally not recommended. Additionally, the injured employee has had previous cervical spine facet joint injections with unknown efficacy. Considering this, this request for Left Sided C5-C6 and C7-T1 Facet Joint Medial Branch Blocks are not medically necessary.

Morphine IR 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for Morphine IR 30 mg is not medically necessary.