

Case Number:	CM14-0096475		
Date Assigned:	07/28/2014	Date of Injury:	04/06/2001
Decision Date:	10/07/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 records presented for review indicate that this 56 year-old male was reportedly injured on April 6, 2001. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated noted tenderness to palpation of the posterior cervical spine, a decreased range of motion of lumbar spine, negative straight leg raising and reported muscle spasms in our region. Diagnostic imaging studies reported multiple level degenerative changes in the cervical and lumbar spine. Previous treatment includes a facet rhizotomy in the lumbar spine (level uncertain), and multiple medications. Physical therapy and pain management interventions are noted. A request had been made for injection therapy and medications and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block at left C5-C6 & C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) PRF page 102/127

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination tempered by the past imaging studies and that a previous rhizotomy procedure has been completed (results not noted), there is insufficient clinical information presented for review to support the multiple level facet rhizotomy procedure. The pathology includes disc lesions and there are indications of radiculopathy. Therefore, the assumption is that this is not the primary pain generator, and the parameters noted in the guidelines do not support such injections when there is evidence of radiculopathy. As such, the medical necessity has not been established.

Norco, 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: As outlined in the MTUS, this medication is for the treatment of moderate to severe breakthrough pain. The notes appear to indicate that this is for constant, continued use when there is no objective data presented to suggest that there is any functional improvement or reduction in symptomology. Therefore, the efficacy of this medication has not been demonstrated. As such the request is not medically necessary.

Naproxen, 550 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 & 73 OF 127.

Decision rationale: As noted in the guidelines, this medication is recommended to relieve the signs and symptoms associated with osteoarthritis. The changes noted on MRI studies of the lumbar and cervical spine: indicate multiple level ordinary disease of life degenerative changes of osteoarthritis. Issue here is that there is no increase in the functionality or decrease in the pain, symptomology is noted. Therefore, the conclusion is that the medical necessity for this medication has not been established as there is no efficacy or utility appreciated.