

<b>Case Number:</b>	CM14-0214723		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/19/2001
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This patient is a 60 year old female with an injury date of 8/19/01. Based on the 12/2/14 progress report, patient complains of (worse: 9/10 and average: 6/10) constant burning pain in her neck, left shoulder and down her back, with associated tingling in her bilateral lower extremities. Exam shows facet tenderness at C4/5, C5/6, and lumbar spine. Neck rotation/extension/flexion of 45 degrees. Positive straight leg raise test bilaterally. Biceps/triceps/brachioradialis/patellar/ankle reflexes are 2/4 bilaterally. Current medications: Prevacid, Lopressor, HCTZ, Effexor XR, Zolpidem Tartrate, and Norco. Diagnoses for this patient are: 1. Lumbago. 2. Cervical spondylosis without myelopathy. 3. Long-term (current) use of other medications. The utilization review being challenged is dated 12/17/14. The request is for one facet injection intra articular left at C4/C5/C6 under fluoroscopic guidance, one lumbar MRI open system, one cervical MRI open system for cervical spine, one urine drug screen, and a prescription of Gabapentin 300mg, #90. The requesting provider has provided reports from 1/08/13 to 12/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One facet injection intra articular left at C5/C5/C6 under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & 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 chapter, Facet joint therapeutic steroid injections.

**Decision rationale:** This patient presents with facet tenderness at C4/5, C5/6 and facet pain is reproduced with bilateral facet loading of the lumbar spine. The treater requests ONE FACET INJECTION INTRA ARTICULAR LEFT AT C4/C5/C6 UNDER FLUOROSCOPIC GUIDANCE per report dated 12/2/14. According to ODG guidelines, use of facet joint therapeutic steroid injections is simply not recommended although diagnostic dorsal median branch blocks are supported to determine the diagnosis and for consideration of RF ablation. Per the 12/2/14 report, conservative measures tried and failed in the past include physical therapy for 2x6 weeks 8 years ago with partial relief, massage therapy, previous Cortisone injections with 50-70% relief and chiropractic treatment. Review of submitted documents indicate this patient reports burning pain that with radiation into her left shoulder and pain down her spine into her lower back with radiation down her legs posteriorly. Given the lack of the guidelines support for intra articular facet joint injections, the request IS NOT medically necessary.

**One MRI open system- lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with constant burning pain in her neck, left shoulder and down her back, with associated tingling in her bilateral lower extremities. The treater requests one LUMBAR MRI OPEN SYSTEM per report dated 12/2/14. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Review of submitted reports do not indicate evidence of a lumbar MRI having been conducted in the past, nor of any surgery on her neck or back. Per the 12/2/14 report, patient reports facet tenderness with positive straight leg test, bilaterally, and 2/4 patellar and ankle reflexes bilaterally. Otherwise, exam of patient is unremarkable: with no appreciable changes in sensory function, pinprick reveals no dermatome hypalgnesia, no asymmetries of bulk or tone muscles reported, furthermore, muscle strength has been reported as 5/5 bilaterally for quadriceps, ilio-psoas, dorsiflexion and extension of the feet, extensor hallucis longus. Treater does not indicate the reason for the lumbar MRI and reviews of submitted documents do not indicate recent trauma or injury or severe/progressive neurologic deficits. The request for an open system lumbar MRI IS NOT medically necessary.

**One MRI open system- cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient presents with constant burning pain in her neck and left shoulder. The treater requests ONE CERVICAL MRI OPEN SYSTEM per report dated 12/2/14. According to ACOEM guidelines, MRI is indicated for "physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." Review of submitted reports do not indicate evidence of a cervical MRI having been conducted in the past, nor of any surgery on her neck or back. Per the 12/2/14 report, patient reports cervical facet tenderness with neck rotation/flexion/extension of 45 degrees and 2/4 reflexes bilaterally in her biceps, triceps and brachioradialis. Otherwise, exam of patient is unremarkable: with no appreciable changes in sensory function, pinprick reveals no dermatome hypalgnesia, no asymmetries of bulk or tone muscles reported, furthermore, muscle strength has been reported as 5/5 bilaterally for her deltoids, biceps, brachioradialis, triceps, wrist extensors/flexors, palmar interossei, opponens pollicis, and hand grips. Treater does not indicate the reason for the cervical MRI and reviews of submitted documents do not indicate recent trauma or injury or severe/progressive neurologic deficits. The request for an open system cervical MRI IS NOT medically necessary.

**One urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid ,misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with history of chronic opioid use for her persistent neck, shoulder, and back pain. The treater requests ONE URINE DRUG SCREEN per report dated 12/2/14. MTUS guidelines page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Progress reports date 12/6/12 through 5/12/14 indicate this patient has signed a medication contract (3/31/06), is receiving ongoing analgesic management and evaluation under the care of a pain management provider, and the CURES report is consistent with her medication regimen. A urine toxicology screen was performed in the office for "medication verification and possible narcotic prescribing" per the 12/2/14 progress report. Previous random urine drug screenings were performed on 3/10/14 and 11/13/13. Given this patient's ongoing chronic use of

opioids and previous testing was conducted > 6 months prior, use of random urine drug screens to monitor for safety and compliance to medication contract seems warranted and IS medically necessary.

**Prescription of Gabapentin 300mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 16-18.

**Decision rationale:** This patient presents with burning pain in her neck with radiation into her left shoulder and pain down her spine into her lower back with radiation down her legs posteriorly, with associated tingling in her bilateral lower extremities. The treater requests a PRESCRIPTION FOR GABAPENTIN 300MG, #90 per report dated 12/2/14. According to MTUS guidelines, pages 16-18, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Per the 5/12/14 report, the treatment plan included Gabapentin 100 mg #120, one by mouth 4 time's day. However, a review of subsequent documents does not discuss its efficacy, or provide documentation of pain relief and improvement in function, as required by MTUS guidelines, page 60. The request for Gabapentin IS NOT a medical necessity.