

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0215821 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 12/06/2013 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 patient is a 50-year-old with a reported date of injury of 12/06/2013. The patient has the diagnoses of closed head injury, cervical sprain, left shoulder sprain, thoracic sprain, lumbar sprain, chronic pain and posttraumatic migraines. Per the most recent progress notes provided for review from the requesting physician dated 12/03/2014, the patient had complaints of ongoing neck and thoracic back pain. The patient was status post cervical medial branch block with 75% reduction in pain. The current pain level was rated a 4/10. The physical exam noted restricted cervical range of motion, tight cervical paraspinal muscles and trigger points. Treatment plan recommendations included C# and C4 right then left radiofrequency ablation, consider Botox injections, TENS unit and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral (right then left) C3-C4 radiofrequency ablation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Facet Joint Neurotomy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block. 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time. 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The documentation shows evidence of diagnoses of facet joint pain by previous medical branch block. There is additional conservative care planned in addition to the facet joint therapy. The patient reported 75% pain reduction. The exact length of pain reduction is not specified but the patient continued to have benefit from the medical branch block greater than 12 weeks post procedure. Therefore criteria for radiofrequency neurotomy has been met as outlined per the ODG and the procedure is certified.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified.