

Case Number:	CM14-0078924		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2002
Decision Date:	06/03/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 37 year old man sustained an industrial injury on 1/28/2002. The mechanism of injury is not detailed. Diagnoses include cervical pain, cervicgia, cervical degenerative disc disease, cervical radiculopathy, lumbar spine radiculopathy, lumbar facet arthrosis, and lumbar degenerative disc disease. Treatment has included medications, surgical intervention with total disc replacement at L5-S1, and greater occipital nerve block on 3/13/14. At a visit on 1/17/14, the injured worker reported aching on the right side of his head, numbness on the right side of the face, pain traveling down the right arm and intermittent pins and needles in the 3rd, 4th, and 5th digits of both hands, muscle spasm in the neck, increasing low back pain with radiation into the hips and down the lateral aspects of the legs bilaterally, with pain in the arches of the feet and low back spasms. Examination showed decreased cervical range of motion, midline tenderness and tenderness of the paraspinal musculature in the cervical spine, limited lumbar range of motion with tenderness over the paraspinal areas of the lower lumbar spine, normal gait and stance, normal motor strength of the upper extremities, hyperparesthesias over C7 and C8 dermatomes in the right upper extremity, no gross motor or sensory deficits in the lower extremities bilaterally, and normal upper and lower extremity reflexes. Medications included MS contin 30 mg 2 tablets every 8 hours and norco as needed. Work status was noted as permanent and stationary. In March 2014, the primary treating physician noted that the injured worker had almost 100% relief of his neck pain and facial pain after having a greater occipital nerve block. The dose of MS contin was increased to 30 mg 3 tablets every 8 hours. MRI of the lumbar spine on 4/25/15 showed L5-S1 intervertebral disc prosthesis with artifact, and no central stenosis or

foraminal narrowing from T12-L1 through L4-5. Physician notes dated 4/25/2014 show complaints of neck and low back pain. The greater occipital nerve block was noted to continue to provide significant reduction in neck pain and facial symptoms. The injured worker reported pain in his hands bilaterally and numbness in the right arm without upper extremity weakness, aching in the low back with pain radiating down the posterior and anterior aspect of the left lower extremity. Examination showed decreased cervical range of motion with midline cervical and paraspinal tenderness, direct reproducible tenderness at the facet joints at L5-S1 bilaterally, no gross motor or sensory deficits in the lower extremities, no gross motor deficits of the upper extremities with hyperparesthesias of C7 and C8 dermatomes of the right upper extremity, and normal upper and lower extremity reflexes. MRI of the cervical spine was noted to show broad based disc bulge from C3 to C4, C4 to C5, C5 to C6 and C6 to C7. The physician documented that regarding the low back, 80% of the pain was in his back and there were 20% radicular symptoms. Recommendations include translaminar epidural via catheter, medical branch block, MS Contin 30 mg 3 tablets every 8 hours, referral to pain management service for possible intrathecal pump placement, and Miami J collar. Work status remained permanent and stationary. On 5/20/14, Utilization Review non-certified or modified the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Translaminar epidural cervical via catheter up to C3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. This injured worker does not meet the MTUS criteria for an epidural steroid injection. Although some hyperparesthesias of the C7 and C8 dermatomes in the right upper extremity were noted, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings, which correlate with the MRI. No electro diagnostic testing was submitted. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, as recommended by the MTUS. There was no documentation of failure of conservative measures. The request implies injection of multiple levels, which is not in accordance with the guidelines. Due to lack of sufficiently specific prescription, lack of documentation of failure of conservative treatment, and insufficient findings

of radiculopathy, the request for 1 Translaminar epidural cervical via catheter up to C3 is not medically necessary.

1 Lumbar medial branch block l5-s1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: facet joint injections.

Decision rationale: This injured worker has diagnoses of lumbar spine radiculopathy, lumbar facet arthrosis, and lumbar degenerative disc disease. Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. Criteria for therapeutic medial branch blocks include no evidence of radicular pain, and evidence of a formal plan of additional evidence-based activity and exercise. In this case, the injured worker was noted to have radicular symptoms, and there was no documentation of failure of conservative treatment or plan for additional activity and exercise. Due to presence of radicular symptoms, lack of documentation of failure of conservative treatment, and lack of plan for additional activity and exercise, the request for 1 Lumbar medial branch block l5-s1 bilaterally is not medically necessary.

1 prescription of MS Contin 30mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic neck and back pain. MS contin has been prescribed for at least three months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to

function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains permanent and stationary. No functional goals were discussed. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in back pain; improvement in neck and facial pain was attributed to an occipital nerve block. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. This injured worker has been prescribed MS contin 30 mg 3 tablets every 8 hours for a total daily dose of 270 mg, which exceeds the MTUS recommendation. As currently prescribed, MS contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 Miami J. Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: collars (cervical).

Decision rationale: This injured worker has chronic neck pain with cervical degenerative disc disease, with initial injury in 2002. The ACOEM states that a cervical collar is not recommended for more than 1 or 2 days. The ODG states that cervical collars are not recommended for neck sprains and whiplash. Cervical collars may be appropriate where post-operative and fracture indications exist. There was no documentation of neck surgery or fracture. Due to lack of recommendation by the guidelines, the request for 1 Miami J. Collar is not medically necessary.