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| Case Number: | CM15-0013669 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 11/09/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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, Georgia
 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 injured worker is a 48 year old female, who sustained an industrial injury on 11/9/11. She has reported neck and upper extremity injury. The diagnoses have included cervical facet arthropathy, cervical myofascial strain, cervicgia, thoracic myofascial strain, cervical degenerative disc disease, thoracic degenerative disc disease, cervical stenosis and lunar neuropathy. Treatment to date has included physical therapy, medial branch blocks, chiropractic treatments and oral pain medications. (EMG) Electromyogram and nerve condition studies revealed mild to moderate neuropathy. (MRI) magnetic resonance imaging performed on 1/16/12 revealed mild degenerative disc disease with C5-6 mild canal stenosis without neural foraminal narrowing at any level. Currently, the injured worker complains of left side stabbing neck with radiation to the left trapezius muscle and mid back. On 12-10/14 the injured worker noted no significant changes from prior condition. She noted trigger point injections provide relief for about one week. On 12/23/14 Utilization Review non-certified left C4-C5, C5-C6 and C6-7 medial branch block, noting lack of relief from prior injections, and an elbow brace, noting the elbow is not an accepted body part and no explanation of how it would treat the industrial injury and submitted a modified certification for Prilosec delayed release capsules 20mg, noting the recommended dosage is 20mg not 40mg. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/23/15, the injured worker submitted an application for IMR for review of left C4-C5, C5-C6 and C6-7 medial branch block, Prilosec delayed release capsules 20mg and an elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left C4-C5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Diagnostic blocks for facet, www.ncbi.nlm.nih.gov/pmc/articles/PMC3107686/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Upper Back and Neck

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. Subsequent injections may be indicated if >50% reduction in pain for > 12 weeks was achieved with prior injections. No more than two facet joint injections should be blocked in a single session. In this case, the request is for 3 levels of facet joint block which exceeds the recommendation of no more than 2 facet joint injections in one session. Additionally, there is no documentation that prior facet injections have provided 50% or greater relief of pain (record cites 20 % reduction in pain). One left C4-C5 medial branch block is not medically necessary.

One left C5-C6 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Diagnostic blocks for facet, www.ncbi.nlm.nih.gov/pmc/articles/PMC3107686/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Upper Beck and Neck

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. Subsequent injections may be indicated if >50% reduction in pain for > 12 weeks was achieved with prior injections. No more than two facet joint injections should be blocked in a single session. In this case, the request is for 3 levels of facet joint block which exceeds the recommendation of no more than 2 facet joint injections in one session. Additionally, there is no documentation that prior facet injections have provided 50% or greater relief of pain (record cites 20 % reduction in pain). One left C5-C6 medial branch block is not medically necessary.

One left C6-C7 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Diagnostic blocks for facet, www.ncbi.nlm.nih.gov/pmc/articles/PMC3107686/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Upper Back and Neck

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. Subsequent injections may be indicated if >50% reduction in pain for > 12 weeks was achieved with prior injections. No more than two facet joint injections should be blocked in a single session. In this case, the request is for 3 levels of facet joint block which exceeds the recommendation of no more than 2 facet joint injections in one session. Additionally, there is no documentation that prior facet injections have provided 50% or greater relief of pain (record cites 20 % reduction in pain). One left C6-C7 medial branch block is not medically necessary.

Prilosec 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and the Prilosec therefore is not medically necessary.

Elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 591.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow

Decision rationale: CA MTUS is silent on elbow splinting. ODG addresses elbow braces (splinting) in the section on Elbow. Per ODG recommendations, splinting may be indicated for cubital tunnel syndrome and for short term management of lateral epicondylitis. In this case,

there is no documentation of any specific elbow derangement. Therefore, elbow brace is not medically indicated.