

Case Number:	CM15-0017375		
Date Assigned:	02/05/2015	Date of Injury:	08/01/2000
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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:

The injured worker is a 71 year old female, who sustained an industrial injury on 8/1/2000. The diagnoses have included cervical spondylosis with myelopathy, cervical radiculopathy, chronic pain syndrome, failed back surgery syndrome cervical and facet arthropathy. Treatment to date has included cervical fusion, pain medications. According to the Primary Treating Physician's Progress Report dated 1/2/2015, the injured worker had a complaint of neck pain. The status of the symptoms was fluctuating. The location of the pain was the bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulders and bilateral arms. The injured worker reported pain level without medications as 9/10; pain level with medications was 6/10. With medications, the injured worker was able to work/volunteer/be active eight hours daily. Without medications, the injured worker was able to do simple chores around the house and minimal activities outside the house two days a week. Physical exam revealed tenderness to palpation over the cervical spine. Cervical spine range of motion was limited by pain. Authorization was requested for cervical facet injection at levels left C2-3, C4-5, C6-7, C7-T1 and Oxycodone. On 1/9/2015, Utilization Review (UR) non-certified a request for Facet Injection Cervical Levels at C2-3, C3-4, C4-5, C5-6, C6-7, T1-2 on the Left Side. The Official Disability Guidelines (ODG) was cited. UR certified a request for Oxycodone HCL 15mg #120, citing the Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection cervical levels at C2-3, C3-4, C4-5, C6-7, T1-2 on the left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back; facet joint/blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines neck chapter under Facet joint signs and symptoms

Decision rationale: According to the 01/02/2015 report, this patient presents with neck, shoulders, and arms pain. Per this report, the current request is for facet injection cervical levels at C2-3, C3-4, C4-5, C6-7, T1-2 on the left side. The request for authorization is not provided for review. The patient's work status is "P&S." ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The provided medical reports do not mention prior facet injection. The treating physician indicates there is tenderness from C2-C7 bilaterally at the posterior of the cervical spine and "weakness, Numbness in extremity." The patient was diagnosed with "Radiculopathy, Cervical." In this case, the treating physician is requesting facet injections for C2-C3, C3-C4, C4-C5, C6-C7 and T1-T2 (5 levels). The ODG guidelines do not support facet injection with radicular symptoms and no more than 2 levels are recommended for injection. The request is for IS NOT medically necessary.

Oxycodone hcl 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/02/2015 report, this patient presents with neck, shoulders, and arms. Per this report, the current request is for Oxycodone hcl 15 mg #120. The medication is first prescribed on 12/03/2014 report and it is unknown exactly when the patient initially started taking this medication. The patient's work status is "P&S." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions that the patient average pain is an 8/10; pain is a 9/10 without medications and a 6/10 with medications. With medications, the

patient is able to work, volunteers and is active eight hours daily. Without medications, the patient is able to do simple chores around the house and minimal activities outside of the home two days a week. Aberrant drug seeking behavior is discussed. UDS was obtained on 12/08/2014. In this case, the treating physician has clearly document the 4 A's as required by MTUS. Therefore, the request IS medically necessary.