

<b>Case Number:</b>	CM15-0115858		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old woman sustained an industrial injury on 7/23/2013. The mechanism of injury is not detailed. Diagnoses include degeneration of intervertebral cervical disc, shoulder-hand syndrome, carpal tunnel syndrome, pain in elbow, displacement of cervical intervertebral disc without myelopathy, lateral epicondylitis, and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 5/18/2015 show complaints of cervical spine pain. Recommendations include cervical facet epidural steroid injection, Ultram, Ibuprofen, Cymbalta, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and continues to be treated for chronic neck pain. When seen on 04/22/15 she was having neck pain. She was taking Ultram. There was no physical examination. Medications being prescribed include ibuprofen at 1200 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations but the quantity being requested (#360) is not consistent with the dosing instructions. The request cannot be considered as being medically necessary.

**Cervical facet injection C5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, neck chapter.

**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 (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and continues to be treated for chronic neck pain. When seen on 04/22/15 she was having neck pain. She was taking Ultram. There was no physical examination. Medications being prescribed include ibuprofen at 1200 mg per day. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, there are no physical examination findings reported and therefore a clinical diagnosis of cervical facet mediated pain is not supported. The request appears based on imaging findings without the required clinical correlation and is not appropriate. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.

**Cervical facet injection C7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, neck chapter.

**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 (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and continues to be treated for chronic neck pain. When seen on 04/22/15 she was having neck pain. She was taking Ultram. There was no physical examination. Medications being prescribed include ibuprofen at 1200 mg per day. Diagnostic facet joint blocks are recommended with the

anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, there are no physical examination findings reported and therefore a clinical diagnosis of cervical facet mediated pain is not supported. The request appears based on imaging findings without the required clinical correlation and is not appropriate. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.