

Case Number:	CM15-0125476		
Date Assigned:	07/10/2015	Date of Injury:	04/22/2013
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
 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 injured worker is a 48 year old female who reported an industrial injury on 4/22/2013. Her diagnoses, and or impressions, were noted to include: brachial neuritis or radiculitis; sprain of neck; sprain/strain of the shoulder/upper arm; calcifying tendinitis of shoulder; rotator cuff syndrome of the shoulder; disorders of the shoulder bursae and tendons; displacement of the inter-vertebral disc without myelopathy; displacement of the cervical inter-vertebral disc without myelopathy; reflex sympathetic dystrophy of the upper limb; and cervicalgia. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; injection therapy; physical therapy; medication management; and rest from work. The progress notes of 5/25/2015 reported complaints which included continued, mild-moderate, bilateral shoulder pain with cramping in the hands/fingers, aggravated by cold weather and improved with warm water; allodynia on all fingers with hands that are shiny; complaints of weakness and difficulty sleeping due to pain. Objective findings were noted to include no apparent distress; restricted cervical range-of-motion with positive facet loading. The physician's requests for treatments were noted to include bilateral cervical medial branch blocks, and the continuation of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical C6-C7 Medial Branch Block, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral cervical C6 - C7 medial branch block quantity #2 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are pain in limb; reflex sympathetic dystrophy upper limb; and the cervicalgia. The date of injury is April 22, 2013. The request for authorization is May 29, 2015. According to her progress note dated May 27, 2015, subjectively the injured worker had complaints of bilateral shoulder pain and hand pain. The injured worker had an artificial disc at C6 - C7. As of August 2014 the injured worker had shoulder surgery. Objectively, range of motion cervical spine was decreased; Spurling's was negative and positive facet loading. There was no neurological evaluation in the medical record progress note. Consequently, absent guideline recommendations for medial branch block and a neurologic evaluation performed May 27, 2015, bilateral cervical C6 - C7 medial branch block quantity #2 is not medically necessary.

Gabapentin 100 mg capsult, Qty 180, take 200 mg by mouth 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg capsule #180, take 200 mg PO TID is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are pain in limb; reflex sympathetic dystrophy upper limb; and the cervicalgia. The date of injury is April 22, 2013. The request for authorization is May 29, 2015. According to her progress note dated May 27, 2015, subjectively the injured worker had complaints of bilateral shoulder pain

and hand pain. The injured worker had an artificial disc at C6 - C7. As of August 2014 the injured worker had shoulder surgery. Objectively, range of motion cervical spine was decreased; Spurling's was negative and positive facet loading. There was no neurological evaluation in the medical record progress note. According to the documentation, gabapentin 100 mg appeared in a progress note dated May 11, 2015. It is unclear whether this is the start date for gabapentin. According to the May 27, 2015 progress note, there is no documentation indicating objective functional improvement. There were no neuropathic objective findings as there was no neurologic evaluation. Consequently, absent clinical documentation with a specific start date, evidence of objective functional improvement and neuropathic objective findings, Gabapentin 100 mg capsule #180, take 200 mg PO TID is not medically necessary.