

Case Number:	CM15-0175828		
Date Assigned:	09/17/2015	Date of Injury:	10/18/2009
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California

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:

This is a 38 year old female patient, who sustained an industrial injury on October 18, 2009. The diagnoses include status post C5-6 and C6-7 anterior cervical discectomy and fusion C5-6 partial corpectomy with cage and instrumentation, status post cervical fusion C5-6, C5-6 pseudarthrosis, left C6 and C7 radiculopathy, depression, sleep disorder, left carpal tunnel syndrome status post release, C6-7 moderate left foraminal stenosis and insomnia. Per the doctor's note dated 9/1/15, she had complaints of neck pain with radiation in to the midscapular region; numbness in the left forearm and wrist with tingling in both hands. Physical examination of the cervical spine revealed tenderness, decreased range of motion, decreased sensation over the left C7 dermatomes, absent bilateral biceps and brachioradialis reflexes. Per the doctor's note dated 7/24/15, she had complaints of neck and upper back pain rated as a 7-9 on a 1-10 pain scale. Physical examination of the cervical spine revealed spasm and tenderness to palpation, range of motion-painful with flexion 30 degrees, extension 22 degrees, left lateral bend 40 degrees, right lateral bend 28 degrees, left rotation 50 degrees and right rotation 45 degrees, positive facet loading test and absent left biceps and bilateral brachioradialis reflexes, decreased sensation in C6 dermatome and hypersensitivity over the right C7 and C8 dermatomes. The medications list includes voltaren, anaprox and prilosec. She has had multiple diagnostic studies including cervical MRI dated 6/2/2010 which revealed C6-7 moderate left foraminal stenosis and EMG dated 4/4/2011 which revealed left C6 and C7 radiculopathy. She has undergone C5-6 and C6-7 anterior cervical discectomy and fusion C5-6 partial corpectomy with cage and instrumentation on 11/6/2013, cervical fusion C5-6 in 2010 and left carpal tunnel syndrome. She has had physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit,

H-Wave and medication. H-Wave was noted to provide reduction in pain and tension. She was noted to have failed the use of a TENS unit. The treatment plan included H-Wave unit, pain management pre-procedural consultation, diagnostic facet blocks at C7-T1 and a follow-up visit. On August 24, 2015, utilization review denied a request for urine toxicology screen and diagnostic facet block C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Request: Urine toxicology screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the medications list includes voltaren, anaprox and prilosec. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The urine toxicology screen is not medically necessary for this patient at this juncture.

Diagnostic facet block C7-T1: 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): Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Facet joint diagnostic blocks.

Decision rationale: Request: Diagnostic facet block C7-T1. Per the cited guidelines, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." Per the ODG guidelines, Facet joint diagnostic blocks are "Recommended prior to facet neurotomy (a procedure that is considered "under study")... Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at

least 4-6 weeks. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment." Per the records provided patient had cervical pain with radicular symptoms in the upper extremity. Patient has history of cervical fusion surgeries. The cited guidelines do not recommended facet block for patient with radicular pain or history of previous fusion. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The Diagnostic facet block C7-T1 is not medically necessary for this patient at this juncture.