

<b>Case Number:</b>	CM15-0062927		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Washington

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:

The injured worker was a 58 year old female, who sustained an industrial injury, October 3, 2012. The injured worker received the following treatments in the past Celebrex, Cymbalta, Gabapentin, Lidocaine topical gel, Tylenol, aspirin, Pepcid, 12 sessions of cognitive behavior therapy, 1 session of physical therapy and Venlafaxine ER. The injured worker was diagnosed with fibromyositis chronic pain syndrome, chorion post-traumatic headache and cervical spondylosis myelopathy. According to progress note of March 24, 2015, the injured workers chief complaint was back pain. The pain was described as burning, constant but variable of intensity. The physical exam noted tenderness of the paraspinal muscles overlying the facet joints on both sides. The range of motion to the cervical neck was normal. The treatment plan included Lidocaine 5% ointment, bilateral C3 medical branch nerve block times 2, Bilateral C4 medial branch nerve block times 2 and bilateral C5 medical branch block times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment 150gm QTY: 3.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that lidocaine is FDA approved for postherpetic neuralgia in the form of a patch and no other formulation, such as ointment, lotion or gel. The clinical documentation submitted for review indicated this injured worker had failed medication management. However, there is lack of information regarding the specific failure of antidepressants and anticonvulsants. Additionally, there is no documentation regarding the injured worker having postherpetic neuralgia. Consequently, the request is not supported by the evidence-based guidelines. Moreover, the request did not specify duration and frequency of use, nor body region this medication is to be applied to. As such, the request for Lidocaine 5% ointment 150 gm Quantity: 3.00 is not medically necessary.

**Bilateral C3 medical branch nerve blocks, QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic block.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for medial branch blocks is documentation noting facet joint pain signs and symptoms and documentation noting the failure of conservative treatment for at least 4 to 6 weeks. The guidelines go on to state that only 1 set of diagnostic medial branch blocks is required to move on to a radiofrequency neurotomy. The clinical documentation submitted for review did not indicate the injured worker had failed previous conservative treatment, as it was noted the injured worker participated in only 1 session of physical therapy. Consequently, the request is not supported. Moreover, the requested quantity is not supported and there is no documentation that the plan would go forward into a facet joint radiofrequency neurotomy. Consequently, the request is not supported. As such, the request for bilateral C3 medial branch nerve blocks, quantity: 2.00 is not medically necessary.

**Bilateral C4 medical branch nerve blocks, QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic block.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for medial branch blocks is documentation noting facet joint pain signs and symptoms and documentation noting the failure of conservative treatment for at least 4 to 6 weeks. The guidelines go on to state that only 1 set of diagnostic medial branch blocks is required to move on to a radiofrequency neurotomy. The clinical documentation submitted for review did not indicate the injured worker had failed previous conservative treatment, as it was noted the injured worker participated in only 1 session of physical therapy. Consequently, the request is not supported. Moreover, the requested quantity is not supported and there is no documentation that the plan would go forward into a facet joint radiofrequency neurotomy. Consequently, the request is not supported. As such, the request for bilateral C4 medial branch nerve blocks, quantity: 2.00 is not medically necessary.

**Bilateral C5 medical branch nerve blocks, QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic block.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for medial branch blocks is documentation noting facet joint pain signs and symptoms and documentation noting the failure of conservative treatment for at least 4 to 6 weeks. The guidelines go on to state that only 1 set of diagnostic medial branch blocks is required to move on to a radiofrequency neurotomy. The clinical documentation submitted for review did not indicate the injured worker had failed previous conservative treatment, as it was noted the injured worker participated in only 1 session of physical therapy. Consequently, the request is not supported. Moreover, the requested quantity is not supported and there is no documentation that the plan would go forward into a facet joint radiofrequency neurotomy. Consequently, the request is not supported. As such, the request for bilateral C5 medial branch nerve blocks, quantity: 2.00 is not medically necessary.