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| Case Number: | CM15-0076566 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 01/14/2013 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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 52 year old female, who sustained an industrial injury on 1/14/13. She reported 1/14/13. The injured worker was diagnosed as having neck sprain/strain; cervical spondylosis; bilateral acromioclavicular arthritis. Treatment to date has included status post arthroscopy; TENS unit; acupuncture; trigger point injections; chiropractic therapy; medications. Diagnostics included MRI cervical spine (1/28/14). Currently, the PR-2 notes dated 3/24/15 indicated the PR-2 notes dated indicated the injured worker was in the office as a follow-up on chronic neck pain and bilateral shoulder pain. Her current medications are documented as: Flonase, lorazepam, Prilosec, levothyroxine, pravastatin, tramadol, albuterol, lidocaine topical 5%. She reports she is unable to tolerate Cymbalta and all NSAIDs and Lidoderm gel providers only 10% improvement of pain. She has had prior right shoulder surgery and had trigger point injections recently but these did not provide any significant relief. The pain level is rated at 3/10 with an aching and burning sensation on the right of the cervical spine out to the shoulder girdle with some left shoulder pain; no radicular symptoms in the arms. The physical examination demonstrates tenderness to palpation to the right paravertebral area C3-C6. Neurologically, sensation, reflexes and motor testing were intact in both upper extremities. Her cervical MRI reports multilevel mild cervical spondylosis and left C3-4 facet arthropathy with bilateral C5-6 facet arthropathy. The provider requested Cervical Facet Injections to the Right C3-4, C4-5, and C5-6 and Soma 350mg quantity 30. Utilization Review modified the Cervical Facet Injection Right C4-5 and C5-6 levels only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection Right C3-4, C4-5, and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The patient as injured on 01/14/13 and presents with chronic neck pain and bilateral shoulder pain. The request is for CERVICAL FACET INJECTION RIGHT C3-4, C4-5, AND C5-6. There is no RFA provided and the patient is permanent and stationary. There is no indication of any prior cervical facet injections the patient may have had. The 03/24/15 report states that the "patient has appropriate unilateral neck pain on the right side with tenderness along the paravertebral area and pain produced on extension, right rotation, and side bending. Completed PT, and has not tolerated NSAIDs including Celebrex. Therefore, referred for right C3-C4, C4-C5, and C5-C6 facet joint injections for diagnostic and therapeutic purposes." ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. 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. 4. No more than 2 joint levels are injected in one session. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 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." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severely past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." The patient has tenderness on the right paravertebral are from about C3- C6 and has a limited cervical spine range of motion. She is diagnosed with neck sprain/strain, cervical spondylosis, and bilateral

acromioclavicular arthritis. Treatment to date includes status post arthroscopy, TENS unit, acupuncture, trigger point injections, chiropractic therapy, and medications. Regarding the requested cervical facet injection, the requested treatment does not meet guideline criteria. ODG does not support more than two levels of facet joint injections. The current request is for 3 level injections. Therefore, the requested cervical facet injection IS NOT medically necessary.

Soma 350mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29; 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient as injured on 01/14/13 and presents with chronic neck pain and bilateral shoulder pain. The request is for SOMA 350 MG QTY 30. There is no RFA provided and the patient is permanent and stationary. The patient has been taking Soma as early as 01/06/15. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has tenderness on the right paravertebral are from about C3- C6 and has a limited cervical spine range of motion. She is diagnosed with neck sprain/strain, cervical spondylosis, and bilateral acromioclavicular arthritis. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 01/06/2015, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.