

Case Number:	CM13-0021381		
Date Assigned:	12/11/2013	Date of Injury:	08/18/2000
Decision Date:	02/13/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 18, 2000. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior cervical laminectomy; and unspecified number of medial branch blocks, including on August 24, 2012; and multiple cervical epidural steroid injections in 2012. On August 22, 2012, the attending provider noted that the applicant continues to smoke marijuana. In a utilization review report of August 26, 2013, the claims administrator denied a request for cervical facet joint injections and associated anesthesia. The applicant's attorney subsequently appealed. The applicant's case and care have been complicated by comorbid leukemia and hypertension, it is further noted. In a June 11, 2013 progress note, it is stated that the applicant returns to follow up on his post cervical fusion's pain. He is status post radiofrequency ablation procedure in October 2012 which resulted in significant pain relief and reported improvement in function. The applicant continues to smoke marijuana, it is stated. He underwent medial branch blocks in August 2012 followed by radiofrequency ablation procedures of the cervical spine in October 2012. His BMI is 22. He is on tramadol, Neurontin, hydrochlorothiazide, Zocor, and albuterol. While upper and lower extremity strength are preserved here, the applicant does have increased cervical range of motion. Two-level cervical facet joint blocks under moderate sedation are proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint nerve injections C5-6 quantity 1.00: Upheld

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

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-Adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in chapter 8 table 8-8, facet injections of corticosteroids are "not recommended." It is further noted that the California Medical Treatment Utilization Schedule (MTUS)-Adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines, despite the overall and favorable recommendation, do tepidly endorse radiofrequency ablation procedures in those individuals with favorable response to diagnostic facet medial branch blocks. In this case, the attending provider has, however, chosen to pursue facet corticosteroid injections as opposed to repeat radiofrequency ablation blocks. Therefore, the request is not certified owing to the unfavorable guideline recommendation and lack of narrative commentary from the attending provider as to why an alternate procedure is being sought.

Cervical facet joint nerve injection C6-C7 quantity 1.00: Upheld

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

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

Decision rationale: Again, as with the proposed cervical facet block at C5-C6, the California Medical Treatment Utilization Schedule (MTUS)-Adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in chapter 8 do not recommend facet corticosteroid injections. American College of Occupational and Environmental Medicine (ACOEM) does suggest a limited role for radiofrequency neurotomy procedures in those individuals who have had prior favorable responses to diagnostic medial branch blocks. In this case, however, the attending provider has not furnished any compelling rationale or narrative so as to justify performance of an alternate procedure here. Therefore, the request remains non-certified, on independent medical review.

Anesthesia for the Cervical spine nerve injections quantity 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by Medscape, facet blocks are typically performed under local

anesthesia. In this case, the attending provider did not furnish any compelling rationale or narrative to the request so as to justify usage of general anesthesia. Finally, the procedures in question have been non-certified above, in questions 1 and 2, effectively obviating the need for concomitant administration of general anesthesia.