

Case Number:	CM13-0026953		
Date Assigned:	11/22/2013	Date of Injury:	02/05/1992
Decision Date:	02/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old injured worker who reported an injury on 02/05/1992, after lifting a child. The patient sustained an injury to their left shoulder and neck. Treatment to date has included cervical fusion, left shoulder decompression, physical therapy, acupuncture, a TENS unit, massage therapy, activity modification, and medications to manage the patient's chronic pain. The patient's most recent clinical evaluation included complaints of continuing neck pain. Physical evaluation revealed limited cervical range of motion described as 30 degrees in flexion, 30 degrees in extension, 30 degrees in left lateral rotation, and 45 degrees in right lateral rotation. The patient also had tenderness to palpation over the bilateral cervical paraspinal musculature and bilateral trapezius with spasming and 4/5 grip strength. The patient's diagnoses included neck pain. The patient's treatment plan included a cervical facet injection and continued acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet blocks C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Injections, Therapeutic.

Decision rationale: The American College of Occupational and Environmental Medicine does not recommend facet blocks injections for therapeutic purposes. Official Disability Guidelines recommend 1 cervical facet block if the patient has well-documented facet pain. The clinical documentation submitted for review does provide evidence that the patient has tenderness to palpation over the paraspinal musculature of the cervical spine. However, clinical documentation submitted for review does not provide any evidence that the patient's pain is facet-mediated. Additionally, the clinical documentation does provide evidence that the patient has previously undergone fusion surgery. However, the levels of that surgery were not documented. Official Disability Guidelines do not recommend facet injections at levels where there is evidence of prior fusion. The request for cervical facet blocks at the C5-6 and C6-7 are not medically necessary and appropriate.

Eight sessions of acupuncture, prior to injection: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule recommends acupuncture is used as an adjunct therapy to active therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any active therapy to include a home exercise program. Additionally, it is noted that the patient has previously undergone extensive acupuncture therapy. The clinical documentation does not clearly identify or specifically mention examples of increased functional capability or medication reduction as a result of the prior therapy. The request for eight sessions of acupuncture is not medically necessary and appropriate.