

Case Number:	CM13-0049831		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2005
Decision Date:	05/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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. The expert 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 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/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 an employee of [REDACTED] and has submitted a claim for neck pain with an industrial injury date of September 15, 2005. Treatment to date has included medications and C3-C5 anterior cervical discectomy and fusion, and posterior C5-C7 fusion with right-sided decompression. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain high up on the left-hand side and intermittent right upper extremity pain. On physical examination, the patient had good strength in his bilateral upper extremities but numbness was noted in his right hand. A flexion and extension x-ray of the cervical spine dated 10/1/13 revealed that "the components [were] in excellent position and have not shifted at all." The patient was recommended consult and treatment by a pain specialist for either a facet joint injection with possible radiofrequency ablation or acupuncture. Utilization review from October 16, 2013 denied the request for 1 consultation and treatment with pain management specialist because standard treatments have not been tried and facet injection were not certified; 1 facet injection at C2-3 because failure of conservative treatment was not established and the patient exhibited signs of radicular pain; and 1 flexion and extension x-ray of the cervical spine because three to four weeks of conservative care prior to imaging were not attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CONSULTATION AND TREATMENT WITH A PAIN MANAGEMENT SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, 7, 127,156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, a consult with a pain specialist was recommended for either a facet joint injection with possible radiofrequency ablation or acupuncture. In this same review, a request was made for a facet joint injection, which was not deemed medically necessary; hence, a consult with a pain specialist is also not necessary. Furthermore, the medical records did not discuss failure of pain control with previous treatment recommendations by the primary physician, which may warrant a referral to a pain specialist. Therefore, the request for one consultation and treatment with a pain management specialist is not medically necessary.

ONE FACET C2-3 INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Block.

Decision rationale: The CA MTUS guidelines do not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) Neck and Upper Back, facet joint diagnostic block was used instead. ODG states facet blocks may be considered for failure of conservative treatment and for patient who do not have a radicular process. In this case, there was no discussion of failure of conservative treatment. The patient exhibited radicular symptoms as well. In addition, the request did not specify the laterality of the injection. Therefore, the request for ONE FACET C2-3 INJECTION is not medically necessary.

ONE FLEXION AND EXTENSION X-RAYS OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines, imaging studies are supported with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, a flexion and extension x-ray of the cervical spine was already performed on 10/1/13. This request did not indicate whether this is a prospective or a retrospective request for the previously done x-ray. Furthermore, there was no documentation of red flag conditions and failure to progress in a strengthening program. There was also no discussion regarding the need to clarify anatomy prior to an invasive procedure. Therefore, the request for one flexion and extension x-rays of the cervical spine is not medically necessary.