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| Case Number: | CM13-0055853 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/13/2013 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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 Anesthesiology, has a subspecialty in Pain Management 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. 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:

According to the records made available for review, this is a 68 year old female with a 2/13/13 date of injury. At the time of request for authorization for right C5-6 cervical facet injection with fluoroscopic guidance, left C5-6 cervical facet injection with fluoroscopic guidance, right C6-7 cervical facet injection with fluoroscopic guidance, left C6-7 cervical facet injection with fluoroscopic guidance, sedation for cervical facet injections, and Pantoprazole-protonix 20mg tablets, there is documentation of subjective (neck pain radiating to the bilateral upper extremities into the hands with numbness and tingling) and objective (spinous tenderness of C5-C7 and painful cervical range of motion) findings, imaging findings (MRI of the cervical spine (2/25/13) report revealed moderate neural foraminal narrowing at C5-6 and no canal stenosis nor neuroforaminal narrowing at C6-7), current diagnoses (cervical disc displacement without myelopathy, degeneration of the cervical disc, neck pain, and cervicobrachial syndrome), and treatment to date (medications (NSAID chronic use), physical therapy, and activity modification). Regarding the requested right C5-6 cervical facet injection with fluoroscopic guidance and left C5-6 cervical facet injection with fluoroscopic guidance, there is no documentation of cervical pain that is non-radicular. Regarding the requested right C6-7 cervical facet injection with fluoroscopic guidance and left C6-7 cervical facet injection with fluoroscopic guidance, there is no documentation of cervical pain that is non-radicular. Regarding the requested sedation for cervical facet injections, there is no documentation of a pending cervical facet injection that is medically necessary. Regarding the requested Pantoprazole-protonix 20mg tablets, there is no documentation that Pantoprazole is being used as second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 cervical facet injection with fluoroscopic guidance: 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 (ODG), Treatment in Workers Compensation, 5th Edition, 2007 or current year, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, degeneration of the cervical disc, neck pain, and cervicobrachial syndrome. In addition, there is documentation of cervical pain at no more than two levels bilaterally, failure of conservative treatment (activity modification, medications, and physical modalities) prior to the procedure for at least 4-6 weeks, and no more than two nerve root levels injected one session. However, given documentation of subjective findings (neck pain radiating to the bilateral upper extremities into the hands with numbness and tingling); there is no documentation of cervical pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for right C5-6 cervical facet injection with fluoroscopic guidance is not medically necessary.

Left C5-6 cervical facet injection with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc

displacement without myelopathy, degeneration of the cervical disc, neck pain, and cervicobrachial syndrome. In addition, there is documentation of cervical pain at no more than two levels bilaterally, failure of conservative treatment (activity modification, medications, and physical modalities) prior to the procedure for at least 4-6 weeks, and no more than two nerve root levels injected one session. However, given documentation of subjective findings (neck pain radiating to the bilateral upper extremities into the hands with numbness and tingling); there is no documentation of cervical pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for left C5-6 cervical facet injection with fluoroscopic guidance is not medically necessary.

Right C6-7 cervical facet injection with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, degeneration of the cervical disc, neck pain, and cervicobrachial syndrome. In addition, there is documentation of cervical pain at no more than two levels bilaterally, failure of conservative treatment (activity modification, medications, and physical modalities) prior to the procedure for at least 4-6 weeks, and no more than two nerve root levels injected one session. However, given documentation of subjective findings (neck pain radiating to the bilateral upper extremities into the hands with numbness and tingling), there is no documentation of cervical pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for right C6-7 cervical facet injection with fluoroscopic guidance is not medically necessary.

Left C6-7 cervical facet injection with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Diagnostic facet injections

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, degeneration of the cervical disc, neck pain, and cervicobrachial syndrome. In addition, there is documentation of cervical pain at no more than two levels bilaterally, failure of conservative treatment (activity modification, medications, and physical modalities) prior to the procedure for at least 4-6 weeks, and no more than two nerve root levels injected one session. However, given documentation of subjective findings (neck pain radiating to the bilateral upper extremities into the hands with numbness and tingling), there is no documentation of cervical pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for left C6-7 cervical facet injection with fluoroscopic guidance is not medically necessary.

Sedation for cervical facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Diagnostic facet injections

Decision rationale: There is no documentation of a pending cervical facet injection that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for sedation for cervical facet injections is not medically necessary.

Pantoprazole-protonix 20mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation that the patient is utilizing chronic NSAID therapy. However, there is no documentation that Pantoprazole is being used as second-line therapy.

Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole-protonix 20mg tablets is not medically necessary.