

Case Number:	CM14-0017714		
Date Assigned:	04/16/2014	Date of Injury:	03/27/2006
Decision Date:	05/20/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 62-year-old male who reported an injury on 03/27/2006 after a fall of approximately 6 feet. The injured worker reportedly sustained an injury to his face, head and neck. The injured worker's treatment history included physical therapy, cognitive behavioral therapy, epidural steroid injections and multiple medications. The injured worker's most recent clinical evaluation dated 01/15/2014 documented that he had continued pain rated at a 7/10 with medications, exacerbated to a 10/10 without medications. Physical findings of the cervical spine included 5/5 bilateral upper extremity strength with a negative Spurling's sign and intact sensation. It was noted that the injured worker had tenderness to palpation over the cervical paraspinals with myofascial restrictions from the upper trapezius to the occipital region with cervical facet joint tenderness over the C2-C3 and C3-4 bilaterally with decreased range of motion of the cervical spine by 30%. The injured worker's diagnoses included persistent disorder of initiating or maintaining sleep; dysthymic disorder; shoulder bursitis; cervical radiculopathy; degenerative disc disease, cervical; and neck pain. The injured worker's treatment plan included facet injections at the C2-3 and C3-4 to reduce pain and improve function and to identify the injured worker's pain generator. The injured worker's treatment plan also included a refill of medications and a urine toxicology screening to assess the appropriateness of the injured worker's medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule recommends drug testing for injured workers who have symptoms that provide suspicion of illicit drug use and to monitor injured workers on chronic opioids therapy for appropriate medication usage. The clinical documentation submitted for review does support that the injured worker is taking opioids that require regular monitoring. However, documentation of the last urine drug screen and the results of that urine drug screen were not provided for review. Therefore, the appropriateness of an additional urine drug screen cannot be determined. The injured worker does not have any symptoms of overuse or withdrawal that would support indications of aberrant behavior. As such, the retrospective request for a urine drug screen is not medically necessary or appropriate.

RIGHT C2-3 CERVICAL FACET INJECTION WITH FLUOROSCOPY 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)1

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Injections (Diagnostic)

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does not support the use of facet injections for therapeutic purposes. The Official Disability Guidelines (ODG) recommends diagnostic facet injections for injured workers with well-documented facet-mediated pain in the absence of radiculopathy that has failed to respond to conservative treatments and to assess the appropriateness of radiofrequency ablation for the injured worker. The clinical documentation submitted for review does indicate that the injured worker has facet-mediated pain at the C2-3 cervical facet level. Additionally, it would appear that the injured worker's radicular pain was resolved by the epidural steroid injection previously given as there is no indication of radiculopathy within the injured worker's most recent clinical evaluation. However, the clinical documentation submitted for review does not adequately address any recent conservative treatments, such as physical therapy or a home exercise program, to assist the injured worker with pain control. Additionally, the clinical documentation does not indicate that the diagnostic injection is in preparation for a radiofrequency ablation. Therefore, the appropriateness of the injection cannot be determined. As such, the right C2-3 cervical facet injection with fluoroscopic guidance is not medically necessary or appropriate.

LEFT C2-3 CERVICAL FACET INJECTION WITH FLUOROSCOPY 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)

MAXIMUS 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 (ODG) Neck and Upper Back Chapter, Facet Injections (Diagnostic)

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does not support the use of facet injections for therapeutic purposes. The Official Disability Guidelines (ODG) recommends diagnostic facet injections for injured workers with well-documented facet-mediated pain in the absence of radiculopathy that has failed to respond to conservative treatments and to assess the appropriateness of radiofrequency ablation for the injured worker. The clinical documentation submitted for review does indicate that the injured worker has facet-mediated pain at the C2-3 cervical facet level. Additionally, it would appear that the injured worker's radicular pain was resolved by the epidural steroid injection previously given as there is no indication of radiculopathy within the injured worker's most recent clinical evaluation. However, the clinical documentation submitted for review does not adequately address any recent conservative treatments, such as physical therapy or a home exercise program, to assist the injured worker with pain control. Additionally, the clinical documentation does not indicate that the diagnostic injection is in preparation for a radiofrequency ablation. Therefore, the appropriateness of the injection cannot be determined. As such, the left C2-3 cervical facet injection with fluoroscopic guidance is not medically necessary or appropriate.

RIGHT C3-4 CERVICAL FACET INJECTION WITH FLUOROSCOPY 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)

MAXIMUS 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 (ODG) Neck and Upper Back Chapter, Facet Injections (Diagnostic)

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does not support the use of facet injections for therapeutic purposes. The Official Disability Guidelines (ODG) recommends diagnostic facet injections for injured workers with well-documented facet-mediated pain in the absence of radiculopathy that has failed to respond to conservative treatments and to assess the appropriateness of radiofrequency ablation for the injured worker. The clinical documentation submitted for review does indicate that the injured worker has facet-mediated pain at the C3-4 cervical facet level. Additionally, it would appear that the injured worker's radicular pain was resolved by the epidural steroid injection previously

given as there is no indication of radiculopathy within the injured worker's most recent clinical evaluation. However, the clinical documentation submitted for review does not adequately address any recent conservative treatments, such as physical therapy or a home exercise program, to assist the injured worker with pain control. Additionally, the clinical documentation does not indicate that the diagnostic injection is in preparation for a radiofrequency ablation. Therefore, the appropriateness of the injection cannot be determined. As such, the right C3-4 cervical facet injection with fluoroscopic guidance is not medically necessary or appropriate.

LEFT C3-4 CERVICAL FACET INJECTION WITH FLUOROSCOPY 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does not support the use of facet injections for therapeutic purposes. The Official Disability Guidelines (ODG) recommends diagnostic facet injections for injured workers with well-documented facet-mediated pain in the absence of radiculopathy that has failed to respond to conservative treatments and to assess the appropriateness of radiofrequency ablation for the injured worker. The clinical documentation submitted for review does indicate that the injured worker has facet-mediated pain at the C2-3 cervical facet level. Additionally, it would appear that the injured worker's radicular pain was resolved by the epidural steroid injection previously given as there is no indication of radiculopathy within the injured worker's most recent clinical evaluation. However, the clinical documentation submitted for review does not adequately address any recent conservative treatments, such as physical therapy or a home exercise program, to assist the injured worker with pain control. Additionally, the clinical documentation does not indicate that the diagnostic injection is in preparation for a radiofrequency ablation. Therefore, the appropriateness of the injection cannot be determined. As such, the left C3-4 cervical facet injection with fluoroscopic guidance is not medically necessary or appropriate.

CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines (ODG) indicates that conscious sedation is grounds to negate the results of a diagnostic block. Therefore, the use of conscious sedation

would not be supported as the requested injections are for diagnostic purposes. As such, the requested conscious sedation is not medically necessary or appropriate.