

Case Number:	CM14-0122410		
Date Assigned:	08/06/2014	Date of Injury:	10/05/2004
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 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:

This is a 47-year-old female with a 10/5/04 date of injury. At the time of the Decision (7/18/14) for Pain Management Consultation and diagnostic Facet Blocks C3-4 and C4-5, there is documentation of subjective (neck pain rated 7/10 radiating to mid back, with numbness radiating down to arms and hands bilaterally rated 5-7/10, low back pain radiating to buttocks and posterior thighs, with numbness in shins and calves to dorsal and plantar aspects of both feet rated 7-8/10) and objective (tenderness to palpation of cervical paraspinal muscles, decreased sensation over right C5,6, and 8 dermatomal distribution, flexion 28, extension 20, left lateral bend 32, right lateral bend 20, left rotation 48, right rotation 35) Findings, current diagnoses are symptomatic hardware IA-S1, right sacroiliac joint dysfunction, narcotic tolerance, L3-4 adjacent segment degeneration; L4-5, LS-S 1 spondylolisthesis, C3-7 disc degeneration and facet arthropathy, and treatment to date include physical therapy, home exercises, and medications. There is no documentation of pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations page(s) 127 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: MTUS ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as necessary to support the medical necessity of a consultation. In addition, specifically regarding facet blocks, MTUS ACOEM guidelines 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 medications) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as necessary to support the medical necessity of facet injection. With the medical information available for review, there is documentation of Symptomatic hardware IA-S1, right sacroiliac joint dysfunction, narcotic tolerance, L3-4 adjacent segment degeneration, L4-5, LS-S 1 spondylolisthesis, C3-7 disc degeneration and facet arthropathy. In addition, there is documentation of an associated request for facet block (with the understanding that the requested pain management consultation is to provide this block). However, given documentation of subjective findings (neck pain radiating down the arms and hand with numbness) and objective findings (decreased sensation over right C5 and C6 dermatomes), there is no documentation of pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Consultation is not medically necessary.

Diagnostic Facet Blocks C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

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 ACOEM guidelines identify 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. There is documentation of Symptomatic hardware IA-S1, right sacroiliac joint dysfunction, narcotic tolerance, L3-4 adjacent segment degeneration, L4-5, LS-S 1 spondylolisthesis, C3-7 disc degeneration and facet arthropathy. In addition, there is documentation of cervical pain and at no more than two levels bilaterally, failure of conservative treatment (including home exercise,

PT, and medications) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (neck pain radiating down the arms and hand with numbness) and objective findings (decreased sensation over right C5 and C6 dermatomes), there is no documentation of pain that is non-radicular. It was based on the guidelines and a review of evidence that the request for diagnostic Facet Blocks C3-4 and C4-5 is not medically necessary.