

Case Number:	CM14-0167710		
Date Assigned:	10/15/2014	Date of Injury:	01/27/2013
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 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:

According to the provided documents, this is a 44-year-old man with a date of injury 1/27/13. He was in a motor vehicle accident and had neck pain immediately; he was treated at [REDACTED] with a diagnosis of cervical strain and lumbar strain. Neck pain became progressively worse and included numbness in the right 4th and 5th digits at one point. A 2/14/13 MRI was unremarkable. He treated with a pain management specialist, and was working full time as a police officer from at least February 2014 and in June of 2014 was put on modified duty. Using Norco Ibuprofen PRN. The disputed treatments being addressed are cervical facet steroid injections left C3-4, C4-5, C5-6 and naproxen 550 mg addressed in a review of 9/11/14. He has had a neurosurgical consultation, chiropractic treatment, he's used Norco in the past and Motrin. There is a 8/29/14 new patient consultation with primary complaints of left-sided neck pain. Report noted recent PT. Exam of the neck showed focal facet joint tenderness left C3-4, C4-5 and C5-6. There was pain with rotation towards the left and extension. No mention of any neurologic deficits in the upper extremities was made. Diagnoses were pain of cervical facet joint, cervical spondylosis, degenerative disc disease lumbar and chronic pain syndrome. Patient was returned to work full duty. The patient was given Norco 10/325 mg refill as well as Naproxen 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Steroid Injection Left C3-4 (w/fluoroscopic guidance & conscious sedation)
quantity 1: Upheld**

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

MAXIMUS 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) neck, facet joint therapeutic blocks

Decision rationale: This is a request for facet injections with steroids (which is the same thing as corticosteroids). There's no indication that the intent is to perform a diagnostic medial branch block in order to consider radiofrequency ablation. ACOEM guidelines do not support facet injections of corticosteroids for treatment of neck pain. ODG also does not support therapeutic facet joint blocks. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Cervical Facet Steroid Injection Left C4-5 (w/fluoroscopic guidance & conscious sedation) quantity 1: Upheld

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

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

Decision rationale: This is a request for facet injections with steroids (which is the same thing as corticosteroids). There's no indication that the intent is to perform a diagnostic medial branch block in order to consider radiofrequency ablation. ACOEM guidelines do not support facet injections of corticosteroids for treatment of neck pain. ODG also does not support therapeutic facet joint blocks. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Cervical Facet Steroid Injection Left C5-6 (w/fluoroscopic guidance & conscious sedation) quantity 1: Upheld

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

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

Decision rationale: This is a request for facet injections with steroids (which is the same thing as corticosteroids). There's no indication that the intent is to perform a diagnostic medial branch block in order to consider radiofrequency ablation. ACOEM guidelines do not support facet injections of corticosteroids for treatment of neck pain. ODG also does not support therapeutic facet joint blocks. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Naproxen 550mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (non-steroidal anti-inflammatory drugs) Page(s): 67-68,89.

Decision rationale: MTUS guidelines recommend use of NSAIDs for chronic low back pain for short-term symptomatic relief. The guidelines don't specifically address chronic neck pain but it would be logical to expect that the recommendations would also apply to this part of the spine. This patient has been using ibuprofen chronically, according to the records for well over one year. Ibuprofen is also nonsteroidal anti-inflammatory medication as is Naprosyn. It's not clear as how often the patient actually using ibuprofen. Note is made that the patient was returned regular work and taken off of modified duty. For this patient to trial a different NSAID for PRN use is arguably reasonable as it would give him an alternative analgesic other than the Norco to use if he has a flare of pain. Therefore, based upon the evidence and the guidelines this is request is medically necessary.