

Case Number:	CM14-0053239		
Date Assigned:	07/07/2014	Date of Injury:	02/02/2011
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The patient is a 42-year-old female who has submitted a claim for Cervical Spine Degenerative Disc Disease, Cervical Spine Myofascial Pain, and Cervical Spine Radiculopathy associated with an industrial injury date of February 2, 2011. Medical records from 2005 through 2014 were reviewed, which showed that the patient complained of chronic neck, right shoulder, and right upper extremity pain, associated with trouble sleeping and not being able to sleep on the right side. On physical examination of the cervical spine, there was tenderness over the paraspinal muscles and over the C4-5 and C5-6 areas. There was also paraspinal muscle spasm. There was decreased cervical spine flexion and extension. No sensory motor deficits of the upper extremities were noted. Shoulder examination revealed painful arc at about 50 degrees. Impingement sign was positive and there was tenderness over the shoulder capsule and parascapular region. Treatment to date has included medications, physical therapy, home exercise program, psychiatric treatment, cervical fusion at C5-7, cervical epidural steroid injection, and two shoulder surgeries. Utilization review from April 14, 2014 denied the request for BILATERAL CERVICAL FACET JOINT INJECTION C4-5 C5-6, FLOUROSCOPIC GUIDANCE because of paucity of evidence of therapeutic efficacy or diagnostic value; IV SEDATION because there was no documentation of extreme anxiety; and ORTHO CONSULT because the patient already had an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL FACET JOINT INJECTION C4-5 C5-6, FLOUROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: CA MTUS does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for the use of diagnostic blocks for facet nerve pain include: (1) limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; (2) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, an appeal stated that although the patient had signs of radiculopathy in the past, currently, her pain was more facet-mediated. However, the records showed that the patient underwent cervical fusion at C5-7, and the present request involves facet block at C5-6. Guidelines stated that facet blocks should not be performed in patients with previous fusion at the intended injection level. Therefore, the request for BILATERAL CERVICAL FACET JOINT INJECTION C4-5 C5-6, FLOUROSCOPIC GUIDANCE is not medically necessary.

IV SEDATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ORTHO CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, 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, the patient was previously seen by an orthopedic surgeon who attributed her right shoulder pain to her cervical problem. However, an appeal stated that another orthopedic consultation was requested for second opinion regarding the patient's right shoulder problem and to determine the course of care and to give the patient options regarding therapeutic choices. A clear rationale was made regarding the request. Therefore, the request for Ortho Consult is medically necessary.