

Case Number:	CM14-0190028		
Date Assigned:	11/21/2014	Date of Injury:	07/22/2013
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 22, 2013. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; cervical magnetic resonance imaging (MRI) imaging of March 20, 2014, notable for small multilevel disk bulges of uncertain clinical significance; and extensive periods of time off of work. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve requests for cervical facet injections. The claims administrator suggested that its decision was based on an October 30, 2014 progress note. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported ongoing complaints of neck pain. Tenderness about the paraspinal musculature was appreciated. The applicant's upper extremity strength and sensation were intact. The applicant received renewals of Norco and Motrin. The applicant was also using Soma, it was noted. Multilevel cervical facet blocks were sought at C4-C5 and C5-C6. The applicant's work status was not furnished. In an April 20, 2014 progress note, the attending provider acknowledged that the applicant was off of work, on total temporary disability, as her employer was apparently unable to accommodate limitations. The applicant was using crutches owing to ancillary complaints of hip and thigh pain. The applicant was asked to employ Vicodin and Motrin for the same. A June 20, 2014 progress note was notable for comments that the applicant had persistent complaints of neck pain with residual left arm numbness and intermittent weakness. An equivocal left-sided Spurling maneuver was noted. It was stated that the applicant had three disk protrusions with one level of instability and that the applicant might be a candidate for a three-level fusion. In a cervical MRI report of March 20, 2014, the applicant's clinical history reportedly included "cervical radiculitis," the radiologist wrote. An April 4, 2014

progress note alluded to the applicant's having complaints of neck pain radiating into the right upper extremity with associated numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint steroid injection at C4-5, C5-6: 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): Table 8-8, page 181; 174.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injection of corticosteroids, the article at issue here, are deemed "not recommended." While the unfavorable overall ACOEM position on facet injections is qualified by commentary made in ACOEM Chapter 8, page 174, to the effect that there is limited evidence that radiofrequency neurotomy procedures may be effective in reducing facetogenic pain in applicants who have had a positive response to earlier facet injections, in this case, however, it is far from clear that the applicant's pain is in fact facetogenic in nature. The applicant's intermittent complaints of neck pain radiating into one or both arms and/or intermittent complaints of upper extremity numbness, tingling, and paresthesias, taken together, call into question the presence of facetogenic pain for which the facet joint injections in question could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.