

Case Number:	CM14-0203273		
Date Assigned:	12/15/2014	Date of Injury:	10/05/2010
Decision Date:	03/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who reported an injury on 10/05/2010. He is status post C3-6 laminectomies due to severe stenosis and myelopathy for central cord syndrome. He had previous studies performed to include EMG and nerve conduction studies which identified mild left carpal tunnel syndrome, sensory only, and borderline right carpal tunnel syndrome. He had no cervical radiculopathy identified. However, he continued to have persistent symptoms in his neck with subjective complaints of bilateral upper extremity numbness and tingling into the thumb and 2nd and 3rd digits bilaterally. Other imaging studies included an MRI of the cervical spine, and the injured worker underwent bilateral C3-6 cervical facet injections on 10/12/2012. He reported 80% improvement since his IAF injections with reduction of Percocet use to 3 tablets daily. The facet injections were repeated on 03/22/2013, with the injured worker reporting good relief in pain and reduction in Percocet. A request was made for additional bilateral intra-articular facet injections for the C3-4, C4-5, and C5-6 levels as of 11/11/2014. The request had been denied based on the injured worker having previously undergone the requested procedure with no formal plan of rehabilitation. Additionally, the request for Percocet was also modified at that time based on inconsistencies in reports of how the medication affected his pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral intraarticular facet injection C3-4, C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: According to the California MTUS/ACOEM Guidelines, facet injections are indicated for diagnostic purposes, and with the injured worker having already undergone prior facet injections to the same requested levels, and with his most current examination identifying radicular symptoms which are not indicated for facet injections, the request cannot be supported and is therefore not medical necessary.

Percocet 325 mg/10 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Although Percocet is indicated for use for reduction of the injured worker's pain level, the guidelines indicate that long term use of opioids is not recommended, and as the injured worker has been utilizing this medication for several months without having a significant reduction in pain level, and with the guidelines further indicating that long term use may cause an injured worker to necessitate an increased dose in medication, reduction of use is recommended through a weaning process. However, at this time, without having sufficient information towards the plan for the injured worker to undergo a weaning process and without significant findings of pain reduction and improved functional ability, the request cannot be supported and is not medically necessary.