

Case Number:	CM15-0104926		
Date Assigned:	07/20/2015	Date of Injury:	11/30/2004
Decision Date:	08/18/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 11/30/2004. She reported repetitive use and cumulative injury to the neck, bilateral upper extremities, lower back, and left lower extremity including the knee. Diagnoses include herniated nucleus pulposus of cervical spine with stenosis; cervical radiculopathy, status post multiple lumbar surgeries, and multiple hear stents. Treatments to date include Tylenol, physical therapy, chiropractic therapy, and cervical epidural steroid injections. Currently, she complained of ongoing neck and low back pain associated with weakness down the left lower extremity causing her to "drag the leg". She also complained of ongoing knee tenderness since surgery on 5/22/14. On 5/12/15, the physical examination documented tenderness and limited range of motion in the cervical and lumbar spine. There was positive facet provocation test in the neck. The plan of care included requests to authorize facet joint injection C4-C7 left side, pain management follow up visits, and general orthopedic consultation for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Facet Joint Injections C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Injections; Diagnostic blocks for facet "mediated" pain.

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

Decision rationale: The MTUS ACOEM guidelines on neck and upper back complaints do not recommend use of facet joint injections. The ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request based on the lack of evidence and guidelines support for the procedure. The provided documents do not provide compelling evidence for consideration, particularly as the patient is on anticoagulant therapy, and given the overall lack of support from the MTUS, the request is not considered medically necessary in this case.

Pain Management Follow-ups: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario which is difficult to treat. Given the multiple body areas involved in chronic pain and treatment with multiple providers, it is reasonable to seek assistance from a chronic pain specialist to ensure a single point of care with respect to treatment modalities, specifically opioid pain medications. Given the complexity of the patient's history, consultation with a pain management specialist is appropriate to ensure adequate oversight, risk assessment, and eventual plan for weaning, etc. In the opinion of this reviewer, the request for pain management consultation is warranted, however, open-ended approval is not considered medically appropriate, and therefore the initial request is not medically necessary at this time.