MAXIMUS Federal Services

Case Number:	CM15-0137834		
Date Assigned:	07/27/2015	Date of Injury:	01/11/2010
Decision Date:	09/02/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an industrial injury to the neck, back and left shoulder on 1/11/10. Magnetic resonance imaging cervical spine (7/19/12) showed discogenic disease from C3-C7 with disc protrusions and osteophytes causing narrowing of the spinal canal without impingement on the spinal cord and multilevel neural foraminal encroachment. Electromyography/nerve conduction velocity test bilateral upper extremities (3/4/11) showed chronic C5-6 radiculopathy. Previous treatment included physical therapy and medications. In a PR-2 dated 6/5/15, the injured worker complained of persistent left shoulder and neck pain rated 4/10 on the visual analog scale associated with difficulty with neck range of motion. The injured worker reported that medications helped with pain and depression. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature and cervical spine facet joints, stiffness on range of motion of the neck, tenderness to palpation to the left acromioclavicular and glenohumeral joint with decreased and painful range of motion. Current diagnoses included neck pain, clinically consistent cervical spine radiculopathy, cervical facet pain, left shoulder pain and left shoulder labral tear. The treatment plan included continuing current medications (Fentanyl patch and Norco), orthopedic evaluation of the shoulder and requesting authorization for cervical facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Facet Injection with Steroid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Diagnostic blocks; Neck Chapter, Facet intraarticular injections.

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

Decision rationale: Per the ACOEM guidelines: There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n 24, 28). Caution is needed due to the scarcity of high-quality studies. Per the table on p181, facet injection of corticosteroids and diagnostic blocks are not recommended. As the requested treatment is not recommended, the request is not medically necessary.

Pre-Operative Consultation (Prior Cervical Facet Injection): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the requested cervical facet injection is not supported by the guidelines, and there for is not medically necessary, the requested pre-operative consultation is not medically necessary.