

Case Number:	CM15-0161438		
Date Assigned:	08/27/2015	Date of Injury:	09/02/2005
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California

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 applicant is a represented 61-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 2, 2005. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for multilevel cervical facet injections, massage therapy in unspecified amounts, and 8 sessions of acupuncture. The claims administrator did, however, prove a neurosurgery referral. A progress note of July 17, 2015 was referenced in the determination. The claims administrator also invoked a variety of non-MTUS Guidelines in its determination, including non-MTUS ODG Guidelines on facet blocks, non-MTUS Chapter 7 ACOEM Guidelines, and now-outdated 2009 Acupuncture Medical Treatment Guidelines. The applicant's attorney subsequently appealed. On May 6, 2015, 3 to 7/10 neck pain radiating to the bilateral upper extremities was reported. The applicant's permanent work restrictions were renewed. The applicant was asked to pursue acupuncture, massage therapy, and cervical facet injections. A three/level cervical facet injection was sought. The applicant was asked to employ Tylenol No. 3 for pain relief in one section of the note. The applicant was also asked to continue Neurontin, Norco, Lidoderm, and Flexeril. Massage therapy and a topical compounded agent were endorsed. It was not stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. An earlier note of October 28, 2013 suggested the applicant was using both physical therapy and massage therapy as of that point in time. Acupuncture, massage therapy and a TENS unit were all endorsed on April 1, 2015. The attending provider reiterated the request for cervical facet injections. Permanent work restrictions were renewed. Once again, it was not clearly stated

whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On August 5, 2015, the attending provider again ordered acupuncture, neurosurgery consultation, massage therapy and multilevel cervical facet joint injection therapy. The attending provider acknowledged that the applicant had multiple pain generators, primary of which was described as cervical radiculopathy. A home TENS unit, massage therapy, acupuncture, facet injections were sought towards the bottom of the note. Flexeril, Tylenol No. 3, Neurontin, a topical compound, Aciphex and Lidoderm were endorsed. The note was difficult to follow and mingled historical issues with current issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injection; C4-5, C5-6 and C6-7 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: No, the request for a three-level cervical facet injection is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the article at issue, are deemed "not recommended". ODG's Neck and Upper Back Disorders chapter Facet Joint Therapeutic Steroid Injections topic also echoes the unfavorable ACOEM position on article at issue, noting that such injections are deemed not recommended". ODG also stipulates that individuals who do choose to undergo facet joint injections should have no evidence of radicular pain, and also stipulates that no more than two levels should be blocked at any one time. Here, thus, the attending provider's request for a three-level block in the face of the applicant's having ongoing cervical radicular pain complaints, thus, was at odds with both the MTUS position on facet joint injections in ACOEM Chapter 8, Table 8-8, page 181, and with ODG's Neck and Upper Back Chapter Facet Joint Therapeutic Steroid Injections topic. Therefore, the request is not medically necessary.

Massage therapy, amount and frequency/duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

Decision rationale: Similarly, the request for unspecified amounts of massage therapy is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guideline, massage therapy should be employed only as adjunct to other recommended treatments, such as exercise, should be limited to four to six visits in most cases. Here, thus, the renewal request for open-ended massage therapy in unspecified amounts and quantities, thus, was at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the attending provider's pursuit of multiple different passive modalities to include acupuncture, TENS therapy, and massage therapy, thus, was at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that such passive modalities should be employed "sparingly" during the chronic pain phase of the treatment. Therefore, the request is not medically necessary.

Acupuncture x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for eight sessions of acupuncture is likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, it did not appear that the applicant had profited despite receipt of earlier unspecified amounts of acupuncture over the course of the claims in terms of the functional improvement parameters established in section 9792.20e. As of August 5, 2015, permanent work restrictions were renewed, unchanged from previous visit. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on a variety of other forms of medical treatments to include massage therapy, TENS therapy, a neurosurgery referral, facet joint injection therapy, physical therapy, opioid agents such as Tylenol No. 3, topical compounds, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim, including earlier acupuncture in 2015 alone. Therefore, request for an additional 8 sessions of acupuncture is not medically necessary.