

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0197417 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 01/16/2007 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 1-16-07. The injured worker is diagnosed with multi-level cervical spine disc bulges and facet arthropathy. Her disability status is permanent and stationary and she is not currently working. Notes dated 5-26-15-7-17-15 reveals the injured worker presented with complaints of constant right sided neck pain associated with frequent sharp pain. She reports dizziness with looking up and increased pain with head rotation and prolonged stationary positioning. She reports she is unable to look over her shoulders unless she turns her entire body. Physical examinations dated 5-26-15-8-26-15 revealed limited cervical spine range of motion, approximately 30% of normal, limited tolerance for right rotation and left lateral flexion due to right sided muscle spasm and posterior neck pain. The cervical paraspinals are tight on palpation over C4-C5 and C5-C6 and causes referred pain to the right shoulder. There is tenderness noted in the right upper trapezius musculature where muscle spasms and trigger points were noted. Treatment to date has included medications, which reduces her pain from 6-7 out of 10 to 3 out of 10 and provides functional improvement and increased activities of daily living per notes dated 5-26-15 and 8-26-15; home exercise program and cervical facet joint injections at C4-C5 and C5-C6 bilaterally (2-9-15), which reduced her pain by 50% the first week and then by 30% per noted dated 3-25-15. Diagnostic studies to date have included MRI (2013). A request for authorization dated 7-17-15 for bilateral cervical facet block at C4-C5 and C5-C6 and fluoroscopic guidance is denied, per Utilization Review letter dated 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Facet Block At C4-5 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: With regard to the request for cervical facet injections, the ACOEM Practice Guidelines Chapter 9 on page 174 state the following regarding cervical spine injections:

"Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation against invasive techniques and the chronicity of this injury, this request is not medically necessary.

Left Cervical Facet Block At C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: With regard to the request for cervical facet injections, the ACOEM Practice Guidelines Chapter 9 on page 174 state the following regarding cervical spine injections:

"Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation against invasive techniques and the chronicity of this injury, this request is not medically necessary.

Right Cervical Facet Block at C5-C6 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: With regard to the request for cervical facet injections, the ACOEM Practice Guidelines Chapter 9 on page 174 state the following regarding cervical spine injections: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation against invasive techniques and the chronicity of this injury, this request is not medically necessary.

Right Cervical Facet Block at C5-C6 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: With regard to the request for cervical facet injections, the ACOEM Practice Guidelines Chapter 9 on page 174 state the following regarding cervical spine injections: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation against invasive techniques and the chronicity of this injury, this request is not medically necessary.

Fluoroscopic Guidance #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This request for fluoroscopy is made to guide the needle placement for cervical facet injections. As determined by other sections of this IMR, the request for cervical facet injections is not medically necessary. In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation, this request for fluoroscopic guidance also is not medically necessary.