

Case Number:	CM15-0208800		
Date Assigned:	10/27/2015	Date of Injury:	09/23/2009
Decision Date:	12/16/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/23/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 23, 2009. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for multiple cervical facet injections. The claims administrator seemingly based its decision on non-MTUS ODG Guidelines. The claims administrator referenced a September 2, 2015 office visit in its determination. The claims administrator noted that the attending provider had also recently requested authorization for cervical epidural steroid injections. The applicant's attorney subsequently appealed. On an RFA form dated September 18, 2015, a TENS unit, Celebrex, and multi-level cervical facet injections x3 were sought. On a July 14, 2015 office visit, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was given a diagnosis of "cervical disk disorder with radiculopathy," it was reported. The applicant was returned to regular duty work on this date. The applicant presented to obtain refills of Celebrex and tramadol. On August 18, 2015, the applicant reported severe neck pain, left shoulder pain, and right shoulder pain. The applicant's neck and arm pain complaints were worsening over time. Hyposensorium was noted about the left arm. The applicant's presentation was suggestive of a left C6-C7 radiculopathy, the treating provider reported. Celebrex, a TENS unit, and multilevel cervical facet blocks were sought. Permanent work restrictions were renewed on this date. There was no mention of whether the applicant was or was not working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 facet blocks times 3 for cervical spine: 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) 2015 Upper Back Chapter , facet injection.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The request for a series of 3 cervical facet blocks at C5-C6 and C6-C7 was 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" in the evaluation and management of applicants with neck and upper back complaints, as were/are present here. The request for 3 consecutive facet injections without a proviso to re-evaluate the applicant following each injection, moreover, runs counter to the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Finally, the attending provider failed to state why he was seeking authorization for cervical facet injections when the applicant carried a primary operating diagnosis of cervical radiculopathy, per office visits of August 18, 2015 and July 14, 2015. Therefore, the request was not medically necessary.