

Case Number:	CM15-0024492		
Date Assigned:	02/17/2015	Date of Injury:	04/18/2014
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 54 year old female, who sustained an industrial injury on April 18, 2014. The diagnoses have included cervical spinal stenosis, cervical intervertebral disc disorder and cervical radiculitis. A progress note dated January 15, 2015 provided the injured worker complains of cervical tenderness improved since last epidural steroid injection. She reports pain radiation of right arm is resolved and left arm is much better. Physical exam reveals tenderness of cervical spine. On February 5, 2015 utilization review non-certified a request for cervical facet bilateral C4-5 and C5-6 injections and post follow up. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet bilateral C4-5 and C5-6 injections: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, facet diagnostic injections.

Decision rationale: This patient presents with neck pain, bilateral arm pain. The treater has asked for CERVICAL FACET BILATERAL C4-5 AND C5-6 INJECTIONS but the requesting progress report is not included in the provided documentation. The patient had a prior cervical epidural steroid injection at C4-5 and C5-6 on 12/10/14. The injection completely resolved the right arm pain, and the left arm pain which formerly radiated to the hands, now only radiates to the elbow per 1/15/15 report. A cervical MRI on 11/5/14 shows a 2mm broad posterior disc protrusion at C45 which indents anterior thecal sc, and a 3mm disc bulge at C5-6 which indents the anterior theccal sac. Neither level shows significant spinal stenosis per MRI report dated 11/5/14. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient has chronic neck pain and has failed conservative treatment. A physical exam on 1/15/15 showed tenderness to palpation of the bilateral paraspinous regions of the mid cervical region, and a normal sensory exam. However, there is evidence of radicular pain in the upper extremity, and the patient is status post epidural steroid injection. Facet diagnostic evaluations are not indicated when radicular symptoms are present. The request IS NOT medically necessary.

Post-follow up: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

Decision rationale: This patient presents with neck pain, bilateral arm pain. The treater has asked for POST FOLLOW UP but the requesting progress report is not included in the provided documentation. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ACOEM states: These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. In this case, the treater appears to be asking for "post-follow up" following the requested facet injection. Since the injection is not indicated, there would be no need for a follow-up. It would appear that the patient has had 9 office visits from 7/30/14 to 1/15/15, and is regularly following up with the primary treater. The request IS NOT medically necessary.

