MAXIMUS Federal Services

Case Number:	CM15-0219050		
Date Assigned:	11/10/2015	Date of Injury:	03/19/2014
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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, California
Certification(s)/Specialty: Family Practice

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 49-year-old male who sustained an industrial injury on 3-19-2014 and has been treated for C4-7 facet arthropathy, C5-6 disc degeneration, L5-S1 disc degeneration, cervicalgia, lumbago and L5-S1 facet arthropathy. Diagnostic MRI dated 7-10-2014 showed mild to moderate foraminal narrowing at C5-6 with mild disc height loss; and, facet arthropathy at C4-5, C5-6, and C6-7. X-rays of 12-15-2014 noted C5-6 disc space narrowing with anterior osteophyte, facet arthropathy at C4-5 and C5-6, but no instability or fracture. On 10-7-2015, the injured worker presented with "post-procedure pain" post radiofrequency ablation at L5-S1, which was performed five days prior to this visit. He reported constant neck pain fluctuating in intensity. Neck and mid-back pain was rated at 5 out of 10 on this visit, and low back at 8 out of 10. He reported difficulties with activities of daily living including writing, typing, seeing, hearing, speaking, standing, sitting, reclining, walking, grasping, lifting, tactile discrimination, riding, driving, flying, and sleep. Objective findings include tenderness over the cervical spine reported as "greater" on the left, intact sensory, and pain with extension, right and left rotation, and bilateral lateral bending. Flexion was noted to "be improved." The physician states that there is no radiculopathy or stenosis based on diagnostic tests and examination, and had requested cervical medial branch blocks but this had been denied, so facet blocks are being requested. Two sessions of physical therapy were approved 5-12-2015, a note from 7-20-2015 states he has "failed" physical therapy, home conservative care, chiropractic care and acupuncture care. The treating physician's plan of care includes a request for authorization submitted 10-7-2015 for a pain management consultation and facet blocks from C4-7, which was non-certified on 10-30-2015. The patient sustained the injury due to MVA. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient had diagnoses of C4-7 facet arthropathy, C5-6 disc degeneration, L5-S1 disc degeneration, cervicalgia, lumbago and L5-S1 facet arthropathy. Diagnostic MRI dated 7-10-2014 showed mild to moderate foraminal narrowing at C5-6 with mild disc height loss; and, facet arthropathy at C4-5, C5-6, and C6-7. X-rays of 12-15-2014 noted C5-6 disc space narrowing with anterior osteophyte, facet arthropathy at C4-5 and C5-6.On 10-7-2015 the injured worker presented with "post-procedure pain" post radiofrequency ablation at L5-S1. He reported constant neck pain fluctuating in intensity. Neck and mid-back pain was rated at 5 out of 10 on this visit, and low back at 8 out of 10. Objective findings include tenderness over the cervical spine. Therefore, this is a complex case. The management of this case would be benefited by a Pain management consultation Qty: 1.00.The request for referral to a Pain management consultation Qty: 1.00 is medically necessary and appropriate for this patient.

Facet blocks from C4-7 Qty: 1.00: 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 - Criteria for use of diagnostic blocks for facet nerve pain, Official Disability Guidelines (ODG), Low back chapter - Signs & symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15)Facet joint diagnostic blocks, Facet joint therapeutic steroid injections.

Decision rationale: CA MTUS does not address facet injection. Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known." There was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection

therapy. Patient has received an unspecified number of PT visits for this injury. Detailed response of the PT visits was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Facet blocks from C4-7 Qty: 1.00 is not medically necessary or fully established for this patient at this juncture.