

<b>Case Number:</b>	CM15-0065456		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 54-year-old who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of November 17, 2011. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for multilevel cervical facet injections with associated fluoroscopic guidance and methylprednisolone. A RFA form dated March 18, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported multifocal complaints of low back, neck, and left shoulder pain. The applicant reported complaints of neck pain radiating into the bilateral upper extremities with paresthesias about the upper arms. The applicant had undergone an earlier failed cervical spine surgery, it was reported. The applicant's pain was described as throbbing, burning, and shooting. The applicant did report derivative complaints of sleep disturbance, weight gain, and altered appetite. The applicant was using Daypro and Neurontin for pain relief, it was reported. The applicant was represented and was receiving Workers' Compensation indemnity benefits, the treating provider reported. Pain complaints in the 7-8/10 range were reported. The attending provider suggested that the applicant pursue a functional restoration program. The note was very difficult to follow and was approximately 18 pages long. The applicant did exhibit multiple palpable tender points, it was further suggested. There was no seeming mention of the need for cervical facet injections at this point. Electrodiagnostic testing of January 30, 2012 was notable for a bilateral C5-C6 radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral cervical facet joint injection at C4-C5: 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 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** No, the request for bilateral cervical facet joint injections at C4-C5 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 and corticosteroids, i.e., the article at issue, are deemed "not recommended." It is further noted that the attending provider's March 18, 2015 progress note, in addition to 18 pages long and very difficult to follow, did not set forth a clear, compelling, or cogent rationale for the request at hand. The most prominent treatment recommendation of that date was a request for a functional restoration program (FRP). The applicant was, moreover, described as exhibiting ongoing complaints of neck pain radiating into bilateral upper extremities status post earlier failed cervical spine surgery, suggesting that cervical radiculopathy was, in fact, the primary operating diagnosis. The applicant was still using Neurontin, again presumably for residual radicular pain complaints. The request, thus, was not indicated both owing to; (a) The unfavorable ACOEM position on the article at issue and; (b) The fact that the applicant's primary pain generator was, in fact, cervical radiculopathy as opposed to facetogenic or axial neck pain. Therefore, the request was not medically necessary.

### **Bilateral cervical facet joint injection at C5-C6 and C6-C7: 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 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Similarly, the request for cervical facet injections at C5-C6 and C6-C7 was likewise 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 of corticosteroids, i.e., the article at issue, are deemed "not recommended." Here, as with the preceding request, all evidence on file pointed to the applicant's carrying a primary operating diagnosis of cervical radiculopathy following earlier failed cervical spine surgery. The applicant continued to report ongoing complaints of neck pain radiating to bilateral upper extremities. The applicant continued to employ gabapentin, an anticonvulsant adjuvant medication, presumably for residual radicular complaints. The request, thus, was not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the fact that cervical radiculopathy (as opposed to facetogenic low back pain) appeared to be the primary operating diagnosis here. Therefore, the request was not medically necessary.

**Related to injections: Fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Similarly, the request for fluoroscopic guidance associated with the injections was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for cervical facet injections. Since those requests were deemed not medically necessary, the derivative or companion request for associated fluoroscopic guidance was likewise not medically necessary.

**Related to injections: Methylprednisolone acetate medication for cervical injections:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Finally, the request for methylprednisolone acetate to be delivered along with the cervical facet injections was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for cervical facet injection therapy. Since that request was deemed not medically necessary above, in questions 1 and 2, the derivative or companion request for associated methylprednisolone acetate was likewise not medically necessary.