

Case Number:	CM14-0141299		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2013
Decision Date:	10/27/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for a pain management referral. The claims administrator denied a request for a pain management referral and denied a request for cervical facet injections. No clear rationale for the pain management denial was proffered. No guidelines were cited on decision to deny the pain management referral. The claims administrator likewise did not furnish much in the way of rationale in its denial for the cervical facet injections. The applicant's attorney subsequently appealed. In a handwritten note dated September 22, 2014, the applicant reported persistent complaints of neck pain. Limited range of motion is noted about the cervical spine. The applicant apparently had occasional complaints of numbness and tingling. The applicant was given diagnosis of cervical radicular syndrome. The applicant was apparently returned to regular duty work. Overall rationale was sparse. In a June 23, 2014 progress note, the applicant was described as currently off of work. The applicant was apparently not working as a special education teacher. Neck pain with occasional numbness about the arms was noted. The applicant also had upper back pain, which she felt was a sequela of the primary pain generator of chronic neck pain. 5/5 upper extremity strength was appreciated on exam. The applicant was given a diagnosis of cervical radicular syndrome. Facet joints injections were apparently sought in conjunction with the pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which proved recalcitrant to conservative management, should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent, chronic neck pain complaints which have proven recalcitrant to time, medications, physical therapy, manipulative therapy, etc. The applicant is reportedly off of work. Obtaining the added expertise of a physician specializing in chronic pain / delayed recovery, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.

Facet Block at C5-C6 left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 181, facet injections of corticosteroids, the article at issue here, are deemed "not recommended." In this case, it is further noted there is considerable lack of diagnostic clarity. The applicant has been given a primary diagnosis of cervical radiculopathy. There is no clear evidence of facetogenic pain for which the facet injection at issue could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.