

Case Number:	CM14-0146830		
Date Assigned:	09/12/2014	Date of Injury:	11/17/2011
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old male who sustained an injury on 11/17/11. As per the report of 4/4/14, the patient complained of "pulsating" neck pain and numbness and tingling in the bilateral upper extremities. He has worn cervical collar on prn basis. He reported that his symptoms remained unchanged. The pain was 5-6/10. He has been off of physical therapy and off work since 2012. Examination revealed tenderness over cervical PSM and thoracic PSM. He had poor balance and difficulty with ambulation. He had x-rays of c-spine, left shoulder, and left ribs and multiple c-spine MRIs. MRI dated 4/9/14 revealed a C4-5 and C5-6 discectomy with solid fusion in normal alignment with patent central canal. There was moderate bilateral C5-6 uncovertebral hypertrophy and foraminal narrowing. There was mild degeneration at C3-4 with 1mm bulge and uncinat hypertrophy causing moderate bilateral foraminal stenosis. Surgeries include C4-5 and C6-7 anterior cervical discectomy and fusion in 2012. Current medications include Neurontin with temporary neuropathic relief and Daypro with temporary anti-inflammatory relief; he has been taking them since at least January 2012. Past treatments included trial of Lidoderm patch, cervical collar, and physical therapy. Diagnosis: Cervical radiculopathy; and cervical facet joint syndrome. The request for in-office X-ray guided bilateral cervical facet joint injection at C3/4 C4/5 C5/6 C6/7 under fluoroscopy and In-office medical acupuncture sessions (cervical) 1 times 8 were denied on 8/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-office X-ray guided bilateral cervical facet joint injection at C3/4 C4/5 C5/6 C6/7 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation ODG Neck and Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time, if prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy, There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document that the above criteria are not met. The IW has had cervical discectomy and fusion and there is evidence of cervical radiculopathy. There is no documentation of recent or plan for physical therapy. Furthermore, the request is for three facet joints. Therefore, the request is not medically necessary for B/L C3-7 facet joint injection is not medically necessary.

In-office medical acupuncture sessions (cervical) 1 times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef).In this case, the medical records do not show that the pain medications are being reduced. There is no documentation of recent rehabilitation. Therefore, the request is not medically necessary per guidelines.