

Case Number:	CM14-0148851		
Date Assigned:	09/18/2014	Date of Injury:	05/06/2008
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This is a 47 year old female with a 5/6/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/15/14 noted subjective complaints of C6 radicular complaints and left scapular pain, as well as constant neck pain. Objective findings included scapular border tenderness, decreased cervical ROM, diffuse mild weakness bilateral upper extremities, hyporeflexia at the biceps. It is noted in a 7/9/14 provider note that a pain management referral may be desirable as it is clear her pain has not been under good control, and the patient has concerns about her medication management. Diagnostic Impression: s/p cervical discectomy and fusion at C5-6, wrist tendinitis Treatment to Date: cervical surgery, medication management A UR decision dated 8/26/14 denied the request for C5-6 facet blocks. This claimant has reported C6 radicular symptoms. It also denied pain management consult. Facet injections were denied. The pain management referral is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 facet blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, the patient is noted to have radicular symptoms. Additionally, there is no clear documentation of failure of conservative treatment such as physical therapy. Furthermore, there is no documentation of physical exam findings to suggest facet mediated pain such as facet tenderness. Therefore, the request for C5-6 facet blocks was not medically necessary.

Pain Management Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , Chapter 7, Consultation to aid

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 6 - independent medical examinations and consultation page 127, 156 Official Disability Guidelines (ODG) pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a 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. From the documents available for review, it is clearly documented that the patient's pain has not been well controlled, despite the use of narcotic pain medications. The patient also has concerns regarding the medications she is on. Additional expertise would allow her to have a more clearly defined and efficacious pain management treatment plan. Therefore, the request for pain management consult was medically necessary.