

Case Number:	CM14-0212316		
Date Assigned:	01/02/2015	Date of Injury:	05/24/2012
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 24, 2012. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for multilevel facet joint injections and acupuncture. The claims administrator denied a request for multilevel cervical facet injections under fluoroscopic guidance and conscious sedation while partially approving a request for six sessions of acupuncture as three sessions of the same. Progress notes of November 24, 2014 and November 19, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On December 24, 2014, the applicant reported persistent complaints of neck pain, back pain, and migraine headaches. The applicant was on Percocet, Nucynta, Flexeril, and Neurontin. 7-8/10 pain was appreciated without medications versus 3-4/10 with medications. The applicant had completed three sessions of acupuncture previously approved. The attending provider stated that the applicant still had residual issues with numbness and tingling about the hand but posited that these were a function of electrodiagnostically confirmed carpal tunnel syndrome. The applicant did have mild multilevel spinal stenosis noted on cervical MRI imaging of October 11, 2013. The applicant's medication list included Percocet, Flexeril, Naprosyn, Prilosec, Desyrel, hydrochlorothiazide, Toprol, Zestril, Flomax, Advair, and Nucynta. The applicant was asked to continue regular duty work. Multiple medications were renewed, including Nucynta, Percocet, and Topamax. The applicant was depressed secondary to pain. The attending provider did suggest that the applicant was in fact working on at least a few occasions. On November 19, 2014, the applicant reported

persistent complaints of neck pain with some hyposensorium noted about the arms. The applicant was working full time as a correctional officer. The applicant did have some facetogenic tenderness about the cervical region. Some hyposensorium was noted about the digits. The applicant's medication list included Percocet, Flexeril, Naprosyn, Prilosec, Desyrel, hydrochlorothiazide, Lopressor, Zestril, Flomax, Advair, and Nucynta. The attending provider contented that the applicant's pain complaints were a function of facet degeneration. Multiple medications were refilled. The applicant was returned to regular duty work. The applicant was also asked to employ Neurontin, it was stated at the bottom of the report, on the grounds that the applicant was unable to tolerate Cymbalta. The attending provider explicitly acknowledged that the applicant had issues with moderate-to-severe nociceptive and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-4 Facet joint injection under fluoroscopic guidance and conscious sedition:

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): TABLE 8-8, PAGE 181.

Decision rationale: 1. No, the proposed right C3-C4 facet joint injection under fluoroscopic guidance and/or conscious sedation is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections, the article at issue here, are deemed "not recommended." It is further noted that there is considerable lack of diagnostic clarity present here. The applicant continues to report issues with upper extremity paresthesias, presumably a function of either carpal tunnel syndrome and/or superimposed cervical radiculopathy. The applicant has been given Neurontin, presumably for neuropathic pain. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) considerable lack of diagnostic clarity present here.

Right C4-5 Facet joint injection under fluoroscopic guidance and conscious sedition:

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): TABLE 8-8, PAGE 181.

Decision rationale: 2. Similarly, the proposed C4-C5 facet joint injection under fluoroscopic guidance and conscious sedation is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page

181, facet injections, the article at issue here, are deemed "not recommended." In this case, as with the preceding request, it is acknowledged that there is a considerable lack of diagnostic clarity present here. The applicant has ongoing complaints of upper extremity paraesthesias, either a function of carpal tunnel syndrome and/or a function of cervical radiculopathy. The applicant has been given Neurontin, presumably for neuropathic and/or radicular pain. The request, thus, is not indicated both owing to the (a) considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Right C5-6 Facet joint injection under fluoroscopic guidance and conscious sedation:
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): TABLE 8-8, PAGE 181.

Decision rationale: 3. Similarly, the right C5-C6 facet joint injection under fluoroscopic guidance and conscious sedation is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, the article at issue here, are deemed "not recommended." In this case, it is further noted that there is a considerable lack of diagnostic clarity present here. The applicant has ongoing complaints of upper extremity paresthesias, either a function of carpal tunnel syndrome, cervical radiculopathy, and/or some combination of the two. The applicant is using Neurontin, presumably for radicular and/or neuropathic pain. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

Six sessions of Acupuncture treatment to neck and low back: 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)
Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 4. The request for six sessions of acupuncture for the neck and low back was likewise not medically necessary, medically appropriate, or indicated here. The request in question represents an extension request for acupuncture. The applicant had had at least three prior sessions of acupuncture through the date of the request. While MTUS 9792.24.1.d acknowledges that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, the applicant appears to have plateaued with earlier acupuncture treatments. While the applicant has returned to work, the applicant continues to remain dependent on a variety of analgesic and adjuvant medications,

including Percocet, Nucynta, Neurontin, Flexeril, Cymbalta, etc. The applicant was asked to consult a hand surgeon on October 24, 2014, suggesting that the attending provider believed that earlier conservative treatments, including acupuncture, were not altogether successful in terms of the functional improvement measures established in MTUS 9792.20f. Therefore, the request was not medically necessary.