

<b>Case Number:</b>	CM14-0059657		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, 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 33-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 5, 2013. In a utilization review report dated April 16, 2014, the claims administrator failed to approve requests for cervical facet injection therapy and a TENS unit. The claims administrator referenced an April 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 6, 2014, the applicant reported ongoing complaints of neck pain. A psychiatry consultation was endorsed to consider injection therapy. The applicant was apparently returned to regular-duty work. In an applicant questionnaire dated April 8, 2014, the applicant stated that he had received conventional physical therapy, was working regular duty, and was using Mobic, Norco, and Flexeril for pain relief. In an associated progress note of the same date, handwritten, dated April 8, 2014, the applicant consulted a physiatrist. The applicant was placed off work through April 9, 2014. The applicant was then returned to modified duty work with limitations in place. Norco and Mobic were renewed. Facet injections were sought. Overall commentary was sparse. In an associated narrative report of the same date, April 8, 2014, the applicant reported ongoing complaints of neck pain with intermittent radiation of pain to the right arm. The applicant was using Norco, Mobic, and Flexeril. The applicant seemingly stated that his medications were beneficial. The attending provider stated that previous usage of a TENS unit during physical therapy had allowed the applicant to work harder during physical therapy. The applicant exhibited 5/5 upper extremity strength. The applicant had issues with bilateral cervical

radiculitis, it was acknowledged. Two-level facet injections were proposed. A TENS unit home trial was also proposed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 BILATERAL C5-C6 AND C6-C7 FACET JOINT INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

**Decision rationale:** No, the request for multilevel cervical facet joint injections 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, the article at issue, are deemed "not recommended." It is further noted that there was considerable lack of diagnostic clarity present here. The applicant presented on the April 8, 2014 progress note at issue reporting ongoing complaints of neck pain radiating to the bilateral arms. The attending provider stated the operating diagnosis here was, in fact, cervical radiculitis. The request, thus, is not indicated both owing to (a) considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

#### **1 TENS UNIT HOME TRIAL: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Yes, the proposed TENS unit home trial was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit may be employed on a one-month trial basis in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the attending provider seemingly suggested that the applicant derived only incomplete analgesia with analgesic medications to include Norco, Mobic, and Flexeril. The attending provider stated that the TENS unit in question was intended to facilitate the applicant's performance of home exercises. Moving forward with a one-month trial of a TENS unit was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

