

Case Number:	CM15-0002661		
Date Assigned:	01/13/2015	Date of Injury:	11/01/2007
Decision Date:	03/09/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old female with an industrial injury dated 11/01/2007. Her diagnoses include degeneration of cervical disc, lesion ulnar nerve, epicondylitis lateral, tenosynovitis radial styloid, and headaches. She has recently been treated with Norco, Zohydro, Exalgo, and a variety of extended release medications, physical therapy, cervical facet injections, cortisone injection to the right shoulder, radio frequency ablation (09/2014), and Botox injections. In a progress note dated 12/22/2014, the injured worker reported ongoing neck pain that was rated 9/10 in severity and increased with activity of her right upper extremity, right shoulder pain, and cervicogenic headaches despite treatment. The injured worker reported that she had received excellent benefit from the radiofrequency ablations and Botox injections and was wanting to repeat these procedures. The examination of the upper and lower extremities was unremarkable. The neck exam revealed areas of palpable muscle tension on the right and decreased range of motion. The treating physician is requesting bilateral permanent cervical facet injections at multiple levels of the cervical and thoracic spine under sedation and fluoroscopy, Botox injections under sedation and fluoroscopy, and medications. On 01/05/2015 Utilization Review non-certified a request for bilateral permanent cervical facet injection at C6-C7 with fluoroscopy, noting the need for at least 6 months between procedures and request for more than 2 levels at any one time. The ODG was cited. On 01/05/2015 Utilization Review non-certified a request for bilateral permanent cervical facet injection at C7-T1 with fluoroscopy, noting the need for at least 6 months between procedures and request for more than 2 levels at any one time. The ODG was cited. On 01/05/2015 Utilization Review non-certified a request for

bilateral permanent cervical facet injection at T1-T2 with fluoroscopy, noting the need for at least 6 months between procedures and request for more than 2 levels at any one time. The ODG was cited. On 01/05/2015 Utilization Review non-certified a request for bilateral permanent cervical facet injection at T2-T3 with fluoroscopy, noting the need for at least 6 months between procedures and request for more than 2 levels at any one time. The ODG was cited. On 01/05/2015 Utilization Review non-certified a cervical Botox injections with fluoroscopy, noting that the fluoroscopy is not required or medically necessary. The ODG was cited. On 01/05/2015 Utilization Review non-certified a request for intravenous sedation, noting that sedation is not required for Botox injections. Non-MTUS Guidelines were cited. On 01/05/2015 Utilization Review modified a prescription for hydrocodone 10/325 mg #120 for weaning, noting the lack of documented functional improvement and the prior denials for this medication. The MTUS was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of bilateral permanent cervical facet injection at C6-C7, C7-T1 and T2-T3 with fluoroscopy and arthrogram, intravenous sedation, cervical bony injections with fluoroscopy and acetaminophen and hydrocodone tablets 325/10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent cervical facet joint injection at C6-7 (RFA) with fluoroscopy and arthrogram QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 173-175.

Decision rationale: This 59 year old female patient has complained of neck and right shoulder pain since date of injury 11/1/07. She has been treated with facet joint injections, steroid injections, physical therapy and medications. The current request is for bilateral permanent cervical facet joint injection (RFA) at C6-7 with fluoroscopy and arthrogram. Per the ACOEM guidelines cited above invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, (or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There are no high quality studies to support radiofrequency ablation in the treatment of neck and upper back complaints. On the basis of the available medical documentation and per the ACOEM guidelines cited above, bilateral permanent cervical facet joint injection (RFA) at C6-7 with fluoroscopy and arthrogram is not indicated as medically necessary.

Bilateral permanent cervical facet injection at C7-T1 (RFA) with fluoroscopy and arthrogram QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 173-175.

Decision rationale: This 59 year old female patient has complained of neck and right shoulder pain since date of injury 11/1/07. She has been treated with facet joint injections, steroid injections,, physical therapy and medications. The current request is for bilateral permanent cervical facet joint injection (RFA) at C7-T1 with fluoroscopy and arthrogram. Per the ACOEM guidelines cited above invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, (or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There are no high quality studies to support radiofrequency ablation in the treatment of neck and upper back complaints. On the basis of the available medical documentation and per the ACOEM guidelines cited above, bilateral permanent cervical facet joint injection (RFA) at C7-T1 with fluoroscopy and arthrogram is not indicated as medically necessary.

Bilateral permanent cervical facet injection at T2-3 (RFA) with fluoroscopy and arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 173-175.

Decision rationale: This 59 year old female patient has complained of neck and right shoulder pain since date of injury 11/1/07. She has been treated with facet joint injections, steroid injections,, physical therapy and medications. The current request is for bilateral permanent cervical facet joint injection (RFA) at T2-3 with fluoroscopy and arthrogram. Per the ACOEM guidelines cited above invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, (or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There are no high quality studies to support radiofrequency ablation in the treatment of neck and upper back complaints. On the basis of the available medical documentation and per the ACOEM guidelines cited above, bilateral permanent cervical facet joint injection (RFA) at T2-3 with fluoroscopy and arthrogram is not indicated as medically necessary.

IV sedation QTY: 1.00: 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): 173-175.

Decision rationale: This 59 year old female patient has complained of neck and right shoulder pain since date of injury 11/1/07. She has been treated with facet joint injections, steroid

injections, physical therapy and medications. The current request is for IV sedation. Given that the requested radiofrequency ablation procedures are not indicated as medically necessary, it also follows that IV sedation for said procedures is not medically necessary.