

Case Number:	CM15-0114414		
Date Assigned:	06/23/2015	Date of Injury:	06/08/2011
Decision Date:	09/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female patient who sustained an industrial injury on 06/08/2011. The accident was described as while working as a court reporter she endured cumulative trauma over several years of work. On 05/07/2015, the patient underwent bilateral cervical facet blocks at C5-6, C6-7 under fluoroscopy. The treating diagnoses are cervical spondylosis, cervical radiculopathy, bilateral shoulder impingement syndrome, elbow, site and lower extremities pain. The 2011 MRI of the cervical spine showed multilevel disc bulges, bilateral neural foraminal stenosis and facet arthropathy. The IW had previously completed cervical epidural and facet injections. A recent primary treating office visit dated 03/17/2015 reported chief complaints of neck pain; right shoulder impingement and mild left shoulder impingement; leg cramping, and numbness to bilateral hands. The patient's right shoulder continues to do better overall. She is diagnosed with the following: status post open rotator cuff repair and decompression; cervical radiculopathy; cervical disc bulges C5-6, and C6-7; probable bilateral carpal tunnel syndrome; bilateral shoulder impingement; status post right carpal tunnel release, and nonindustrial back injury. She is to continue using Norco 10/325mg TID, recommending C5-6 facet blocks bilaterally, and follow up in 6 weeks. The medications listed are Ambien, Norco, Neurontin, Flexeril, Naprosyn and migraine medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block injection, right C5-C6: 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): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical facet injections can be utilized for the treatment of cervical facet arthropathic pain that did not respond to conservative treatments when radiculopathy had been excluded. The records indicate that the patient had significant subjective, objective and radiological findings consistent with cervical radiculopathy. There is no documentation of sustained pain relief or functional restoration following past cervical facet or epidural injections. There was a recommendation in 2012 for C5-C6, C6-C7 decompression and fusion surgery. The criteria for Facet block injection right C5-C6 was not met. The request is not medically necessary.

Facet block injection, left C5-C6: 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): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical facet injections can be utilized for the treatment of cervical facet arthropathic pain that did not respond to conservative treatments when radiculopathy had been excluded. The records indicate that the patient had significant subjective, objective and radiological findings consistent with cervical radiculopathy. There is no documentation of sustained pain relief or functional restoration following past cervical facet or epidural injections. There was a recommendation in 2012 for C5-C6, C6-C7 decompression and fusion surgery. The criteria for Facet block injection left C5-C6 was not met. The request is not medically necessary.

Facet block injection, right C6-C7: 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): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical facet injections can be utilized for the treatment of cervical facet arthropathic pain that did not respond to conservative treatments when radiculopathy had been excluded. The records indicate that the patient had significant subjective, objective and radiological findings consistent with cervical radiculopathy. There is no documentation of sustained pain relief or functional restoration following past cervical facet or epidural injections. There was a recommendation in 2012 for C5-C6, C6-C7 decompression and fusion surgery. The criteria for Facet block injection right C6-C7 was not met. The request is not medically necessary.

Facet block injection, left C6-C7: 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): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical facet injections can be utilized for the treatment of cervical facet arthropathic pain that did not respond to conservative treatments when radiculopathy had been excluded. The records indicate that the patient had significant subjective, objective and radiological findings consistent with cervical radiculopathy. There is no documentation of sustained pain relief or functional restoration following past cervical facet or epidural injections. There was a recommendation in 2012 for C5-C6, C6-C7 decompression and fusion surgery. The criteria for Facet block injection left C6-C7 was not met. The request is not medically necessary.

Ambien 10mg, #30 with 3 refills: 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-TWC), Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives and hypnotics can be utilized for short-term treatment of sleep disorders when non-medication management have failed. It is recommended that the patient be fully evaluated and treated for correctable causes of insomnia including non controlled pain and sleep apnea. The records indicate that the patient had utilized Ambien for many years, longer than the guidelines recommended maximum duration to 4 to 6 weeks. The chronic use of Ambien is associated with the develop of tolerance, dependency, daytime somnolence, addiction and adverse with other sedatives. The criteria for Ambien 10mg # 30 with 3 refills was not met and is not medically necessary.

