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| Case Number: | CM15-0121718 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 04/02/1997 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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, 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 75-year-old who has filed a claim for chronic neck, low back, and bilateral upper extremity pain reportedly associated with an industrial injury of April 2, 1997. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for a CT scan of the cervical spine and bilateral cervical facet injections at C3-C4 and C4-C5. The claims administrator referenced a May 26, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a letter dated July 15, 2015, the applicant is attending provider also joined in the appeal. The attending provider stated that CT imaging of the cervical spine was needed to better evaluate the applicant's facet joints and earlier MRI imaging. The attending provider maintained that the applicant had significant axial neck pain. The attending provider posited that the applicant had pain limited extension and rotation about the neck suggestive of facetogenic pain. The attending provider stated that the CT imaging of cervical spine was intended to establish the stated diagnosis of facet arthropathy. On October 14, 2015, the applicant reported ongoing complaints of low back pain radiating into legs with associated lower extremity paresthesias. The applicant was on Percocet, Skelaxin, Celebrex, Wellbutrin, Lopressor, Lipitor, hydrochlorothiazide, and diclofenac, it was acknowledged. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant had undergone a spinal cord stimulator implantation, it was further reported. The applicant was described as having retired. On July 7, 2015, the attending provider reported that the applicant had ongoing complaints of neck pain radiating into the bilateral upper extremities with numbness about the hands, 9/10. Ongoing complaints of low

back pain radiating into the bilateral upper extremities, aggravated by standing and walking, were also reported. CT imaging of the cervical spine to evaluate the applicant's cervical facets was again sought. The attending provider stated that the applicant could benefit from cervical facet injections versus radiofrequency neurotomy procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for CT imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant's presentation, per the treating provider, was not clearly suggestive of nerve root compromise referable to the cervical spine and/or upper extremities. The applicant exhibited 5/5 bilateral upper extremity strength, it was reported on July 7, 2015. It did not appear that the applicant was a candidate for any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, the MTUS Guideline in ACOEM Chapter 8, Table 8-8 does not, conversely, establish a role for cervical CT imaging to establish a diagnosis of facet arthropathy, as was suspected here. Therefore, the request was not medically necessary.

Bilateral Cervical Facet Injection at C3/4 and C4/5 with fluoroscopy: 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 & Upper Back: Facet joint pain, signs & symptoms (2015).

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

Decision rationale: Similarly, the request for bilateral cervical facet injections at C3-C4 and C4-C5 was likewise 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 of corticosteroids, the modality at issue here, are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of this particular modality in the face of the unfavorable ACOEM position on the same. The applicant's complaints of neck

pain radiating into the arms, upper extremity paresthesias and numbness about the hands, etc., on July 7, 2015, furthermore, called into question the stated diagnosis of facet arthropathy. Therefore, the request was not medically necessary.