

Case Number:	CM15-0128079		
Date Assigned:	07/15/2015	Date of Injury:	04/16/2014
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/03/2015

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 45-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of April 16, 2014. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for multilevel cervical facet injections while approving a request for a follow-up visit. A June 9, 2015 RFA form and associated progress note of May 14, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated March 11, 2015. On January 16, 2015, the applicant's pain management physician stated that the applicant would remain off of work, on total temporary disability. The applicant was described as status post an earlier cervical epidural steroid injection. The applicant had also received physical therapy for the neck and trigger point injections in the cervical paracervical region, it was reported. The applicant had issues with anxiety and depression superimposed on her chronic pain issues, it was reported. The applicant was on Tylenol No. 3, Neurontin, and Pamelor, it was reported. On February 20, 2015, the applicant was, once again, placed off of work, on total temporary disability. Ongoing complaints of neck pain radiating to the hands were reported. The applicant was given primary diagnosis of cervical degenerative disk with associated cervical spinal stenosis. The applicant also had issues with median neuropathy status post right carpal tunnel release surgery, low back pain, and bilateral wrist pain, it was reported. The applicant exhibited dysesthesias about the left C5-C6 dermatome, it was reported. The applicant was asked to continue Tylenol No. 3,

Pamelor, and Neurontin. Multilevel cervical epidural steroid injections were sought while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facets under fluroscopy C2-3 x 2, C3-4 x 2, C4-5 x 2, C5-6 x 1: 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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg 232. FACET JOINT HYALURONIC ACID INJECTIONS. Facet joint injections with hyaluronic acid are being attempted for treatment of facet degenerative joint disease. 659 These injections are analogous to similar injections in the knee and other arthritic joints. Recommendation: Facet Joint Hyaluronic Acid Injections for Acute, Subacute, or Chronic Cervicothoracic Pain with or with Radicular Pain Syndromes Facet joint injections with hyaluronic acid are not recommended for acute, subacute, or chronic cervicothoracic pain with or without radicular pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for multilevel cervical facet 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 are deemed not recommended as a means of managing neck and upper back complaints, as were/are present here. A more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter also notes that facet joint injections are not recommended in the treatment of chronic neck pain, with or without radicular pain syndromes. Here, the applicant was, furthermore, described as having ongoing, longstanding cervical radicular pain complaints, it was reported on February 20, 2015. The applicant had undergone earlier cervical epidural steroid injection therapy, it was reported. The applicant was using adjuvant medications such as Pamelor and Neurontin, seemingly for residual cervical radicular pain complaints. The request, thus, was not indicated both owing to the (a) unfavorable ACOEM position(s) on the article at issue; and (b) the superimposed radicular symptomatology, which argued against the presence of bona fide facetogenic pain. Therefore, the request was not medically necessary.