

Case Number:	CM15-0129163		
Date Assigned:	07/15/2015	Date of Injury:	06/16/1999
Decision Date:	09/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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 claimant is a [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, low back, and hip pain reportedly associated with an industrial injury of June 16, 1999. In a utilization review report dated June 4, 2015, the claims administrator failed to approve a request for multilevel cervical facet blocks as well as a request for lumbar MRI imaging. The claims administrator referenced an April 23, 2015 office visit and an associated RFA form of May 8, 2015 in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the claimant reported ongoing complaints of neck pain, shoulder pain, arm pain, elbow pain, and headaches, 6/10 with medications versus 8/10 pain without medications. The claimant was no longer working and had been given a "medical retirement" effective 1999, it was reported. The claimant was on Pamelor, Zanaflex, Zoloft, Desyrel, Prilosec, Topamax, and Opana, it was reported. The claimant's BMI was 22. The claimant had undergone earlier failed cervical fusion surgery, it was reported. The claimant was given refills of Opana, Pamelor, Zanaflex, Zoloft, Desyrel, Prilosec, and Topamax, it was reported. The claimant had received earlier lumbar epidural steroid injections, it was reported, as well as multiple cervical radiofrequency ablation procedures over the course of the claim, it was acknowledged. The claimant exhibited hyposensorium about the bilateral lower extremities. On March 26, 2015, the claimant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Neck pain, arm pain, and headaches were reported, 9/10 without medications versus 4/10 with medications. It was again acknowledged that the applicant was not working. The applicant's medication list included Pamelor, Zanaflex, Zoloft, Desyrel, Prilosec,

Topamax, and Opana, it was reported. The applicant was given various diagnoses, including that of cervical radiculopathy as well as that of lumbar radiculopathy. On May 8, 2015, the claimant reported ongoing complaints of low back pain. The claimant had received 17 total epidural and trigger point injections over the course of the claim, it was suggested. The claimant reported ongoing complaints of neck pain radiating to the left arm and low back pain radiating to the bilateral lower extremities, 9/10, it was reported. The claimant was not working and had not worked since 1999, it was reported. Upper and lower extremity motor function ranged from 4-5/5. The requesting provider, an orthopedic spine surgeon, noted that the applicant had reported a fear of falling. The attending provider stated that he believed the applicant had issues with lumbar spinal stenosis, which did represent the source of the applicant's lower extremity weakness. The requesting provider, a spine surgeon, stated that he would follow up with the applicant to determine what sort of treatment would be proposed for the applicant following the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks at C2 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: No, the request for a C2 cervical facet block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 181, Facet Injections, i.e., the article at issue, are deemed "not recommended." The attending provider did not, furthermore, clearly state why facet joint injections were being sought in the face of the claimant's carrying a diagnosis of cervical radiculopathy. The claimant was described as having severe spinal stenosis at C2-C3 on April 23, 2015. The claimant was described as carrying a diagnosis of cervical radiculopathy on April 23, 2015. Neck pain radiating to the left arm was reported on that day. The claimant was using adjuvant medications such as Pamelor and Topamax, presumably for cervical radicular pain complaints. All of the foregoing, taken together, argued against the claimant's having bona fide facetogenic neck pain for which the facet joint block in question could have been considered. The request, thus, was not indicated both owing to: (a) the unfavorable ACOEM position on the article at issue; and (b) the superimposed radicular pain complaints. Therefore, the request was not medically necessary.

Facet blocks at C3 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: Similarly, the request for a cervical facet block at C3 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 Joint Injections, i.e., the article at issue, is deemed "not recommended." ODG's Neck Chapter, Facet Joint Therapeutic Steroid Injections Topic echoes the ACOEM position, noting that facet joint blocks are "not recommended." ODG also argues against blocking more than two levels at any one time. Here, the request for a five-level blockade, thus, ran counter to ODG principles and parameters. ODG also states that there should be no evidence of radicular pain in individuals in whom facet joint injection therapy is contemplated. Here, the claimant was, as noted previously, described as carrying a diagnosis of cervical radiculopathy on April 23, 2015. The claimant was using adjuvant medications such as Pamelor and Topamax, presumably for radicular pain, it was suggested on that date. The request, thus, as written, was at odds with both ACOEM and ODG principles and parameters. Therefore, the request was not medically necessary.

Facet blocks at C4 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: The request for a C4 cervical facet block 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 joint injections, i.e., the article at issue, are deemed "not recommended." ODG's Neck Chapter, Facet Joint Therapeutic Steroid Injections Topic echoes the unfavorable ACOEM position on cervical facet blocks, also noting that such blocks are "not recommended." ODG notes that individuals who do choose to undergo said facet blocks should not have evidence of superimposed radicular pain complaints. Here, the applicant was described as having residual radicular pain complaints on April 23, 2015. The applicant was described as carrying a diagnosis of cervical radiculopathy. The applicant was using adjuvant medications such as Pamelor and Zanaflex, presumably for residual radiculopathy. Facet joint injection therapy was not, thus, indicated in the radicular pain context present here, per ODG. Therefore, the request was not medically necessary.

Facet blocks at C5 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: The request for a C5 cervical facet block 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 joint injections, i.e., the article at issue, are deemed "not recommended." ODG's Neck Chapter, Facet Joint Therapeutic Steroid Injections Topic echoes the unfavorable ACOEM position on cervical facet blocks, also noting that such blocks are "not recommended." ODG notes that individuals who do choose to undergo said facet blocks should not have evidence of superimposed radicular pain complaints. Here, the applicant was described as having residual radicular pain complaints on April 23, 2015. The applicant was described as carrying a diagnosis of cervical radiculopathy. The applicant was using adjuvant medications such as Pamelor and Zanaflex, presumably for residual radiculopathy. Facet joint injection therapy was not, thus, indicated in the radicular pain context present here, per ODG. Therefore, the request was not medically necessary.

Facet blocks at C6 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: The request for a C6 cervical facet block 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 Joint Injections, i.e., the article at issue, are deemed "not recommended." ODG's Neck and Upper Back Chapter, Facet Joint Therapeutic Steroid Injections Topic echoes the unfavorable ACOEM position on the article at issue, also noting that facet joint therapeutic steroid injections are deemed "not recommended." ODG further notes that those individuals who do choose to undergo such injections despite the unfavorable ODG position on the same should pursue a formal plan of rehabilitation in addition to facet joint injection therapy. Here, however, the claimant was off work and had not worked since 1999, it was acknowledged on April 23, 2015. It did not appear that the claimant was intent on employing the proposed facet joint injection in conjunction with a program of functional restoration/functional rehabilitation. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Overturned

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 12 Low Back Complaints Page(s): 304; 307.

Decision rationale: Yes, the request for an MRI of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, the requesting provider was an orthopedic spine surgeon, increasing the likelihood that the applicant's acting on the results of the study in question and going onto consider surgical intervention based on the outcome of the same. The applicant was given a presumptive diagnosis of spinal stenosis on May 8, 2015. Spinal stenosis, per the MTUS Guideline in ACOEM Chapter 12, page 307, is a condition amenable to surgical treatment in the form of a complete laminectomy. Obtaining lumbar MRI imaging for what appeared to be preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.