

Case Number:	CM15-0020581		
Date Assigned:	03/23/2015	Date of Injury:	11/30/2004
Decision Date:	05/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on November 30, 2004. She reported neck pain, low back pain and left knee pain. The injured worker was diagnosed as having left carpal tunnel syndrome, cervical radiculopathy, herniated nucleus pulposus of the cervical spine with stenosis and multiple heart stents. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right shoulder, lumbar spine and left knee, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain and left knee pain. The injured worker reported an industrial injury in 2004, resulting in the above noted chronic pain. She has been treated conservatively and surgically without resolution of the pain. She reported re-injury of the knee secondary to falling in 2014. Evaluation on January 6, 2015, revealed continued pain, stiffness and weakness. She reported trying physical therapy, acupuncture and chiropractic care in the past with no benefit. The plan included medications, facet joint injections of the cervical spine and conservative treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-7 facet joint injections; quantity 2: 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), www.odgtwc.com/odgtwc/neck.htm; Cervical facet blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks & facet joint pain signs and symptoms.

Decision rationale: The patient was injured on 11/30/2004 and presents with neck and low back pain. The request is for a LEFT C4-C7 FACET JOINT INJECTION, QUANTITY 2. The RFA is dated 01/23/2015, and the patient is permanent and stationary. The 01/23/2015 report states the patient was authorized for a posterior foraminotomy left C6-C7 in the past, but at this point, the most pathology is at C5-C6. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for 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. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy, a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block, MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment, including home exercise, PT and NSAIDs, prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. For facet joint pain signs and symptoms, the ODG guidelines Neck and Upper Back Chapter, under Facet Joint Diagnostic Blocks states that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In this case, the patient has numbness/tingling down the bilateral upper extremities to her hands, a limited cervical spine range of motion, and decreased sensation at the left C5-C7 dermatomes. MRI of the cervical spine dated 07/22/2014 reveals straightening of the cervical lordosis with multilevel DDD with C3-C4 mild, C4-C5 mild, C5-C6 mild to moderate, and C6-C7 mild canal stenosis noted. The patient is diagnosed with HNP of the cervical spine with stenosis, cervical radiculopathy, and multiple heart stents. In this case, the patient has cervical radicular symptoms for which diagnostic facet joints are not indicated per ODG Guidelines. Furthermore, the treater is requesting for a left C4-C7 facet joint injection which is at 3 different levels. ODG Guidelines states that no more than 2 levels bilaterally are recommended. Therefore, the requested facet joint injection IS NOT medically necessary.

Pain management consultaiton: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 11/30/2004 and presents with neck and low back pain. The request is for a PAIN MANAGEMENT CONSULTATION to discuss the options of injections in order to determine the pain generator. The utilization review denial rationale is that there is no specific clinical reasoning given for pain management consultation. The RFA is dated 01/23/2015, and the patient is permanent and stationary. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise. MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. In this case, the patient has numbness/tingling down the bilateral upper extremities to her hands, a limited cervical spine range of motion, and decreased sensation at the left C5-C7 dermatomes. MRI of the cervical spine dated 07/22/2014 reveals straightening of the cervical lordosis with multilevel DDD with C3-C4 mild, C4-C5 mild, C5-C6 mild to moderate, and C6-C7 mild canal stenosis noted. The patient is diagnosed with HNP of the cervical spine with stenosis, cervical radiculopathy, and multiple heart stents. The patient is currently taking OTC Tylenol. Given that the patient continues to have chronic pain, and may possibly have injections, the requested pain management consultation IS medically necessary.