

Case Number:	CM13-0016064		
Date Assigned:	12/11/2013	Date of Injury:	08/24/2005
Decision Date:	10/08/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old female with a date of injury on 8/24/2005. Diagnoses include lumbar disc herniation, C3-4 disc herniation with marked bilateral foraminal stenosis, and status post cervical fusion in 2005. Subjective complaints are of pain in the neck and low back rated at 6-7/10 in the neck. Physical exam shows right cervical musculature hypertonicity, and decreased cervical range of motion, with normal neurological exam in the upper extremities. Submitted documentation indicates that patient has MRI findings and clinical signs consistent with cervical facet syndrome, and had failed physical therapy and other conservative therapies for pain control. Prior facet injections improved symptoms 50-60% for more than 6 weeks. On 8/12/2013 the patient had bilateral cervical facet injections at C3-C6. Most recent office records indicate that the patient is awaiting authorization for cervical and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Facet Injection under Fluoroscopy X 1 (Medial Branch Block) At C4, C5 and C6 Level: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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 (ODG) Neck, Facet Joint Injections

Decision rationale: The California MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. The Official Disability Guidelines states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The Official Disability Guidelines states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. For this patient, there is documentation of failure of conservative treatment prior to the procedure, and patient had good results from prior blocks. Submitted documentation indicates pain is not radicular and there are findings consistent with facet pain. Therefore, the medical necessity of a bilateral cervical facet injection under fluoroscopy (medial branch block) at C4, C5 and C6 level is established.