MAXIMUS Federal Services

Case Number:	CM13-0023046		
Date Assigned:	12/13/2013	Date of Injury:	04/11/2012
Decision Date:	05/13/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 Physician 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 injured worker is a 50-year-old male who reported an injury on 04/11/2012. The mechanism of injury was not provided in the medical records. His symptoms included right neck pain increased with flexion, rotation, and right lateral rotation. No arm symptoms of pain, numbness, or paresthesia was noted. The pain was desribed as aching, throbbing, shooting, and constant. The pain was noted to be a 3/10. Range of motion of the cervical spine was noted to be 30 degrees on extension, 20 degrees lateral flexion, 60 degrees left rotation, and 45 degrees right rotation. The injured worker was diagnosed with cervicalgia and degeneration of cervical intervertebral disc. Past medical treatment included an epidural steroid injection and medications. Diagnostic studies included an MRI of the cervical spine on 05/15/2012. A request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C3-C4 AND C4-C5 INTRA-ARTICULAR FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK, FACET JOINT DIAGNOSTIC BLOCKS

Decision rationale: The California MTUS/ACOEM Guidelines indicate that 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. The Official Disability Guidelines further indicate that criteria for the use of diagnostic blocks for facet nerve pain include documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks, and limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. The documentation submitted for review indicated the employee cannot take medications during the day, due to work and side effects. The documentation also indicated the employee received pain relief from an epidural steroid injection. The employee was also noted to have completed 24 visits of chiropractic therapy/physical therapy. However, the documentation failed to provide a rationale as to why the injured worker cannot take pain relief medications such as NSAIDs during the day. Additionally, in the absence of details regarding the previous 24 sessions of chiropractic treatment, the request is not supported. Given the above, the request for right C3-4, and C4-5 intra-articular facet injection insurance non-certified.