

Case Number:	CM13-0023278		
Date Assigned:	10/17/2013	Date of Injury:	08/09/2000
Decision Date:	06/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 injured worker is a 63-year-old female who reported an injury on 08/09/2000. The mechanism of injury was the injured worker tripped and fell in a pothole while crossing the street as part of her work activities. The documentation of 08/20/2013 indicated the injured worker was in for a follow-up and had neck and low back pain. The injured worker indicated there was numbness to the left hand along the lateral aspect of the last 2 fingers throughout the arm and into the left face when she was side-lying during the night time. The physical examination revealed the injured worker had a pain level of 5.5/10. The diagnosis included severe left C7-T1 facet joint arthropathy with left upper extremity paresthesias consistent with segment most likely mechanical. The treatment plan included authorization for facet joint injections at C6-7 and C7-T1 bilaterally x1, acupuncture, and medical refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTIONS AND C6-7 AND C7-T1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,181.

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

Decision rationale: The Official Disability Guidelines (ODG) criteria for the use of diagnostic blocks for facet nerve pain include clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine...limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had radiating pain. There was lack of documentation of an objective physical examination to support objective physical findings. There was a lack of documentation indicating the injured worker had failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Given the above and the lack of documentation, the request for facet joint injections at C6-7 and C7-T1 bilaterally not medically necessary.