

Case Number:	CM13-0035163		
Date Assigned:	12/13/2013	Date of Injury:	09/18/2007
Decision Date:	02/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 51-year-old female who reported a work-related injury on 09/18/2007, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: cervical spine pain, and status post cervical fusion at C5-6, C6-7. Clinical note dated 10/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports increased daily cervical spine pain, as well as spasms and jerking of the bilateral upper extremities. The provider documents the patient has persistent restricted range of motion of the cervical spine with headaches stemming from the cervical spine. Exam of the cervical spine revealed painful and decreased range of motion, radiculopathy bilaterally at C5-7 level, and tenderness to palpation was noted over the cervical trapezial ridge. Mild spasms across the trapezius. The provider documented the patient was to continue a home exercise program and a TENS unit; medication regimen of Anaprox, Prilosec, and Flexeril; request for C3-5 facet blocks bilaterally x1; and electrodiagnostic studies of the bilateral upper extremities due to increased numbness, per the patient, as well as MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-5 facet blocks bilaterally x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested injection therapy at the C3-4, C4-5 levels at this point in the patient's treatment. The provider documents the patient presents with increased complaints of cervical radiculopathy; however, the provider recommends facet injections for the patient. California MTUS/ACOEM indicates invasive techniques, such as local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. In addition, Official Disability Guidelines indicate diagnostic blocks for facet nerve pain is limited to patients with cervical pain that is nonradicular in origin and at no more than 2 levels bilaterally. Furthermore, diagnostic blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The provider is recommending facet injections at the C3-4, C4-5. The patient is fused at C5-7. Given all the above, the request for C3-5 facet blocks bilaterally x1 is not medically necessary or appropriate.