

Case Number:	CM13-0036510		
Date Assigned:	12/13/2013	Date of Injury:	08/01/2003
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 08/01/2003. The patient is currently diagnosed with brachial neuritis, cervical spondylosis, pain in the joint of the shoulder, cervical spondylosis, post laminectomy syndrome, displaced cervical intervertebral disc, and migraines. The patient was seen by [REDACTED] on 10/29/2013. The patient reported ongoing head and neck pain with numbness into bilateral hands. Physical examination was not provided. Treatment recommendations included C3 through C6 bilateral facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block C3 to C6 bilaterally with radiofrequency ablation if diagnostic: 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) Lumbar Spine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the

cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. As per the clinical note submitted, the patient underwent a CT scan of the cervical spine on 05/14/2013 which indicated status post ACDF at C3 through C5 with surgical hardware components intact. While the patient's CT scan of the cervical spine does indicate facet disease, Official Disability Guidelines do not recommend facet blocks in patients who have had a previous fusion procedure at the planned injection level. Additionally, the patient's physical examination is not consistent with facet joint pain, signs, and symptoms. The patient's physical examination only reveals tenderness to palpation of the cervical spine. Based on the clinical information received, the request is non-certified.