

Case Number:	CM13-0039876		
Date Assigned:	12/20/2013	Date of Injury:	10/21/2007
Decision Date:	03/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery 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 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 claimant is a 46-year-old man who injured his neck and low back on October 21, 2007. Clinical records for review specific to the claimant's cervical spine included a clinical assessment on August 27, 2013 where it was noted that the claimant had continued complaints of cervical and lumbar pain following repetitive activity. Physical examination on that date showed tenderness to palpation from C3 through C6 level bilaterally with myofascial pain and triggering, and a positive Spurling's test. Neurologic evaluation revealed the deep tendon reflexes to be normal with a normal gait pattern and no sensory deficit of the upper extremities. The claimant was diagnosed with chronic neck pain. Documentation noted that a prior MRI scan reviewed from 2010 showed disc herniations from C4 through C7 with foraminal narrowing at C4-5 and C5-6. The recommendations at that time were facet joint injections to be performed at the C4 through C6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical medial branch blocks at C4, C5, and C6: Upheld

Claims Administrator 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), Treatment Index 11th Edition (web), 2013, Neck and Upper Back - Facet joint therapeutic steroid injections

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) Facet joint diagnostic blocks

Decision rationale: The California ACOEM Guidelines do not support the role of facet joint injections because they have no proven benefit in the treatment of acute neck or upper back symptoms. When looking at the Official Disability Guidelines criteria, the role of injections are only recommended if there is documentation of failed conservative and there is clear clinical correlation between exam findings, clinical presentation, and a history of facet disease. The records in this case give conflicting physical examination findings including muscle spasm and triggering. The records for review also fail to document recent conservative measures that have been utilized in treatment of the claimant's acute exacerbation of cervical complaints. Therefore, the recommendation for cervical epidural injections for the clinical presentation as outlined would not be indicated.