

Case Number:	CM13-0040623		
Date Assigned:	04/25/2014	Date of Injury:	12/22/2008
Decision Date:	06/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient was injured on 12/22/2008. The diagnoses listed are migraine headache, neck pain, muscle spasm and TMJ pain. The neck pain was noted to be radiating to the upper extremities and is associated with tingling sensation and numbness. There are associated diagnoses of depression, anxiety, insomnia and difficulty with memory and concentration. The MRI and X-Ray findings are significant with degenerative disc disease of the cervical spine, disc bulges and mild foraminal stenosis. The patient had completed physical therapy, chiropractic treatments, acupuncture and massage therapy. The medications listed are Celexa for depression, ibuprofen and Lidoderm for pain. A prior cervical epidural steroid injection provided significant pain relief. On 12/12/2013, [REDACTED] noted that cervical spine median branch injections had provided 100% relief and that the rhizotomy procedures were pending. The procedure notes and a detailed post procedure record were not made available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH BLOCKS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet Block Section.

Decision rationale: The CA MTUS did not address the use of facet injections for the treatment of neck pain. The Official Disability Guidelines (ODG) recommend that diagnostic and therapeutic facet injections could be beneficial for patients who have failed conservative treatment with physical therapy and medications management. The diagnostic criteria for the facet syndrome are the absence of radicular symptoms and signs, presence of facet related signs and facet area tenderness. The radiological evidence should be consistent with facet related pathology but exclude spinal stenosis, prior fusion and other radicular causes of neck pain. The records indicate that the patient was complaining of neck pain radiating to the upper extremities. There was associated numbness and tingling sensations. The patient had a significant pain relief following a prior cervical epidural steroid injection. The request is not medically necessary or appropriate.