

Case Number:	CM13-0046407		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2004
Decision Date:	08/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 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 44 year old female who sustained an injury to her neck on 11/8/04. The mechanism of injury was not documented in the medical records provided for review. The injured worker was status post anterior cervical discectomy and fusion at C5-6 and C6-7. The surgery was helpful in reducing the pain, and she returned to work. An MRI of the cervical spine dated 1/25/12 revealed improvement in joint fusion, and C2-3 and C3-4 multilevel neural foraminal stenosis with improvement of central spinal stenosis. Treatment to date included cervical facet joint injections dated 9/10/13. The injured worker reported 20-30% improvement in pain with a couple of hours and then returned to baseline. The injured worker stated that she slept most of the day following the previous injections and was not able to comment on the effect of the blocks during this time. Sedation was used to make the injured worker comfortable. The injured worker continued to complain of numbness and tingling in the right upper extremity that had not changed. Her pain was constant at 7/10 on the visual analogue scale (VAS). Physical examination noted cervical range of motion well preserved. There was tenderness over the neck, particularly on the right hand side in the mid portion of the cervical spine, pain with facet loading, tenderness to palpation over the facet joints, and some muscle spasm and guarding in the right cervicobrachial region.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT RIGHT CERVICAL FACET JOINT INJECTIONS AT C4 AND C5 UNDER IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks.

Decision rationale: The previous request was denied on the basis that current evidence based guidelines have shown that there is no proven benefit in treating acute neck and upper back symptoms with the requested modality. Additionally, the Official Disability Guidelines state that if facet joint injections are successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Clinical documentation reported that the injured worker only received 20-30% relief for a couple of hours following previous injections. The Official Disability Guidelines state that the injured worker should document pain relief with an instrument such as visual analogue scale (VAS) emphasizing importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use and activity levels to support subjective reports of better pain control. Furthermore, sedation was included in the request. The Official Disability Guidelines state that the use of IV sedation may be grounds to negate the results of diagnostic block and should only be given in cases of extreme anxiety. No information was submitted indicating the injured worker suffers from extreme anxiety or needle phobia that would warrant the use of IV sedation. Given this, the request for repeat right cervical facet joint injections at C4 and C5 under IV sedation is not indicated as medically necessary.