

Case Number:	CM13-0047513		
Date Assigned:	04/04/2014	Date of Injury:	05/23/2011
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Interventional Spine 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 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:

This patient is a 62 year-old female with date of injury of 05/22/2011. Per treating physician's handwritten reports, dated 10/01/2013, the listed diagnoses are cervical spondylosis, cervical pain, and cervical facet disease. There is a recommendation for cervical diagnostic bilateral cervical facet injection medial branch. Another report 10/23/2013 again recommends bilateral cervical facet injections, MBB. Under subjective complaints, it states that the patient had relief with cervical transforaminal epidural steroid injection by 55% but since then, the pain has returned constant aching spasms, stiffness, and numbness at intensity of 7/10. There is an operative report for epidural steroid injection on 09/24/2013. Objective findings document C5-C7 paraspinal spasms, facet tenderness, increased range of motion, increased pain with flexion and extension, neuro, intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL FACET INJECTIONS, MEDIAL BRANCH BLOCK: 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), NECK AND UPPER BACK, FACET JOINT SIGNS AND SYMPTOMS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) REGARDING FACET JOINT SIGNS AND SYMPTOMS

Decision rationale: This patient presents with chronic neck pain with diagnosis of spondylosis and degenerative disk disease and facet joint syndrome. There is a request for bilateral cervical facet injection via medial branch blocks. However, the treating physician does not discuss x-ray or MRI findings. The treating physician also does not request which specific levels to be tested. ODG Guidelines provide specific discussion regarding facet joint diagnostic blocks. It states "limited to patients with cervical pain that is nonradicular at no more than 2 levels bilaterally. In this case, the patient recently had cervical epidural steroid injection which means that this patient does have radicular symptoms and radiculopathy. Furthermore, the request does not specify how many levels or which levels. Given that these injections are not indicated for radicular symptoms and that no more than 2 levels are allowed, recommendation is for denial.