

Case Number:	CM13-0051628		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2004
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 6/16/04 date of injury. At the time of request for authorization for 1 bilateral facet injections C6-7, there is documentation of subjective (chronic neck and arm pain) and objective (guarded range of motion) findings, current diagnoses (cervical radiculopathy, cervical disc disease, status post artificial disc replacement at C6-7, and status post ACDF at C5-C6), and treatment to date (epidural steroid injection). There is no documentation of pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral facet injections C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The Physician Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support

the medical necessity of medial branch block. ODG identifies documentation of pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical disc disease, status post artificial disc replacement at C6-7, and status post ACDF at C5-C6. In addition, there is documentation of pain at no more than two levels bilaterally, failure of conservative treatment, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (chronic neck and arm pain) and a diagnosis of cervical radiculopathy, there is no documentation of pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral facet injections C6-7 is not medically necessary.