

Case Number:	CM13-0054795		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2003
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery, has a subspecialty in Spine 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 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 is an employee of [REDACTED] and has filed a claim for chronic pain syndrome and spinal stenosis of the cervical region associated with an industrial injury date of October 27, 2003. The utilization review from November 4, 2013 denied the request for with sedation joint injection bilateral c3-c4, c4-c5, c5-c6 under fluoroscopy due to presence of radicular signs and symptoms in the history and physical exam. Treatment to date has included oral pain medications, injections, a therapy, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of bilateral arm pain, bilateral leg pain, neck pain, right shoulder pain, thoracic spine pain, right hip pain, bilateral hand pain, bilateral knee pain, and low back pain. The pain on average is rated at 7/10, at best it is at a 5/10, and at worst it is 9/10. The pain is relieved by heat, medications, and ice. On examination, there was noted tenderness over the C3-C6 cervical facets bilaterally. Facet blocks were requested due to findings from MRI results. Official imaging reports were not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

WITH SEDATION JOINT INJECTION BILATERAL C3-C4, C4-C5, C5-C6 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK COMPLAINTS, 181-183

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, Facet joint diagnostic block

Decision rationale: The California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) Neck and Upper Back, facet joint diagnostic block was used instead. ODG states that no more than two joint levels bilaterally may be injected in one session given non-radicular symptoms as demonstrated by imaging. Sedation may negate pain response and is only used for extreme anxiety. In this case, the physical exam demonstrated tender facet joints for the cervical spine. However, there was no official imaging report noted in the documentation. The requested levels also exceed the guideline recommendations. In addition, it is unclear why the sedation would be needed for this patient as it would dilute the diagnostic value. Therefore, the request for joint injection bilateral c3-c4, c4-c5, and c5-c6 under fluoroscopy with sedation #6 is not medically necessary.