

Case Number:	CM14-0001538		
Date Assigned:	01/22/2014	Date of Injury:	06/02/2012
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Pain Medicine and is licensed to practice in 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 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:

The patient is a 44-year-old male who reported an injury on 08/02/2012, secondary to a fall. A request for authorization was submitted on 12/16/2013 by [REDACTED] for facet joint diagnostic blocks at the left C5, C6, and C7 levels. However, there is no documentation of a physician progress report on the requesting date by [REDACTED]. The latest physician progress report by [REDACTED] submitted for this review is documented on 01/23/2013. The patient reported ongoing pain in the neck and left shoulder with radiation to the left arm and elbow. Physical examination at that time revealed full range of motion of the cervical spine, tenderness to palpation, negative Spurling's maneuver, decreased strength with left shoulder abduction, and diminished sensation in the left C7 and C8 dermatomes. The patient was diagnosed with left rotator cuff tear and cervicalgia. Treatment recommendations included prescriptions for Ultram ER, Flexeril, naproxen, and Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of facet joint diagnostic blocks at left C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. The patient does not demonstrate signs or symptoms of facet-mediated pain. There were no imaging studies provided for review. Additionally, there is no evidence of a failure of conservative treatment, including home exercise, physical therapy, and NSAIDs. The physician progress report on the requesting date of 12/16/2013 was also not provided. Based on the clinical information received, the request is non-certified.