

Case Number:	CM14-0001956		
Date Assigned:	01/24/2014	Date of Injury:	10/18/2010
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 48 year old female injured worker with date of injury 10/18/10 with related neck pain and shoulder pain that radiates into the upper back. Per 10/30/13 progress note, pain was rated at 7/10. Physical exam findings included positive Spurling's test. Sensation was intact. There was weakness in the right grip strength. There was tenderness to palpation over the cervical spinal muscles, upper trapezius muscles, scapular border, bilateral shoulder, and bicipital tendon. 9/4/13 progress report noted neck, arm, and back pain with numbness, tingling and radiation into the fingers bilaterally. MRI of the cervical spine dated 4/9/11 revealed a less than 1mm central disc protrusion at C4-C5 with possible underlying annular tear, a 1mm central disc protrusion at C5-C6 with possible underlying annular tear, approximate 1mm left paracentral disc protrusion at C6-C7. Approximately 1mm central disc protrusion at C7-T1. Near symmetrical filling of all the cervical nerve root sleeves on the MR myelogram. There is no evidence of facet arthropathy at any level. EMG/NCS study dated 11/21/12 was noted to be a normal study. Treatment to date has included acupuncture, physical therapy, epidural injection (little effect) and medication management. The date of UR decision was 12/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET BLOCK INJECTIONS WITH FLUOROSCOPY AT C4-C5, C5-C6, AND C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: ACOEM guidelines page 181 do not recommend facet injection of corticosteroids for evaluating and managing neck and upper back complaints. Per ODG TWC Facet joint therapeutic steroid injections are not recommended. " Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." Review of the submitted documentation indicates that the injured worker has been diagnosed with cervical radiculopathy, which is exclusion criteria for this procedure. Additionally, the request is for three levels to be blocked; and there is no evidence of a formal plan of rehabilitation included in the documentation. The request for Cervical Facet Block Injections with Fluoroscopy is not medically necessary.