

Case Number:	CM14-0002378		
Date Assigned:	01/24/2014	Date of Injury:	01/17/2007
Decision Date:	07/18/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 63-year-old male who reported an injury on 01/17/2007. The mechanism of injury was not stated. Current diagnoses include status post left knee surgery with recurrent internal derangement, cervical facet arthrosis, cervical discogenic disease, chronic cervical sprain, lumbar discogenic disease, lumbar facet arthrosis, chronic low back pain, cervicogenic headaches, and bilateral carpal tunnel syndrome. The injured worker was evaluated on 11/13/2013 with complaints of bilateral knee pain, low back pain, cervical pain, and cervicogenic headaches. The injured worker is approximately 4 to 5 weeks status post cervical spine facet block. Physical examination revealed spasm, painful range of motion of the cervical spine, decreased range of motion, positive facet tenderness, radiculopathy from C5-7, decreased sensation in the bilateral C5-7 dermatomes, and positive axial compression testing. Treatment recommendations included a C5-7 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 FACET BLOCK TIMES ONE BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Facet joint injections are limited to patients with cervical pain that is nonradicular. As per the documentation submitted, the injured worker has been previously treated with a cervical facet injection however, there was no objective evidence of an improvement in function. There is also no mention of an exhaustion of conservative treatment. Additionally, it is documented on 11/13/2013, the injured worker demonstrates radiculopathy with decreased sensation in the C5-7 dermatome. Based on the clinical information received, the request is not medically necessary.