

Case Number:	CM14-0002804		
Date Assigned:	01/29/2014	Date of Injury:	06/11/2009
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation 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 injured worker is a 50 year old male who reported an injury on 06/11/2009, due to an unknown mechanism. The clinical note dated 01/03/2013 presented the injured worker with neck pain that was aching and burning, and numbness in the right upper extremity, and diminished sensation to the fifth finger on the right. The physical exam reported tenderness over the cervical paraspinal traps and a reduced range of motion in all planes due to pain. The physical exam to the cervical spine dated 01/16/2014 tenderness to palpation over the cervical paraspinals from the occipital to upper thoracic region, and his upper trapezius with significant muscle tightness and restrictions. There were bilateral facet tenderness and trigger point pain at C4-5/C5-6/C6-7 bilaterally. The provider recommended cervical facet injections to the bilateral C4-5, C5-6, and C6-7 under fluoro guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACETS TO BILATERAL C4-5, C5-6 AND C6-7 UNDER FLUORO GUIDANCE AND CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Block Section.

Decision rationale: The request for cervical facets to bilateral C4-5, C5-6, and C6-7 under fluoro guidance and conscious sedation is non-certified. The Official Disability Guidelines recommend that clinical presentation should be consistent with facet joint pain, signs & symptoms and is limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, PT and NSAIDs, and no more than 2 joint levels are injected in one session. The included medical documents have no mention of failed conservative treatment. The request for bilateral C4-5, C5-6, and C6-7 also exceeds the recommendations of no more than 2 joint levels in one session, as stated in the guidelines. There was a lack of documentation indicating facetogenic pain. There was a lack of documentation of a negative neurologic exam. Within the provided documentation it did not appear the injured worker had significant anxiety which would indicate their need for sedation. Therefore, the request is not medically necessary or appropriate.