

Case Number:	CM14-0004305		
Date Assigned:	02/05/2014	Date of Injury:	08/12/2010
Decision Date:	07/18/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 54-year-old female who reported an injury on 08/12/2010; the mechanism of injury was not provided within the medical records. The clinical note dated 09/16/2013 indicated diagnoses of C3-4 degenerative disc disease and C4-7 anterior cervical fusion in 2007/2009. The injured worker reported neck pain and tightness, with relief from medication. On physical examination, range of motion of the cervical spine was forward flexion of 30 degrees, extension of 30 degrees, lateral flexion of 30 degrees to the right and 15 degrees to the left, and rotation of 45 degrees to the right and 70 degrees to the left. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy and medication management. The injured worker's medication regimen includes Norco, Ultram, Flexeril, Naproxen and Prilosec. The provider submitted a request for cervical facet injections. A Request for Authorization dated 04/18/2013 was submitted for a facet cervical block; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for Cervical Facet Injections is not medically necessary. The California MTUS/ACOEM Guidelines state Invasive techniques are of questionable merit. The Official Disability Guidelines (ODG), state symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapular pain, and upper arm pain is unilateral pain that does not radiate past the shoulder. The guidelines strongly suggest the use of a confirmatory block due to the high rate of false positives with single blocks. The guidelines also state one set of diagnostic medial branch blocks is required with a response of 70%. The pain response for Lidocaine should be approximately 2 hours, limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation showing failure of conservative treatment (including home exercise, Physical Therapy (PT) and Nonsteroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4-6 weeks. There is a lack of evidence in the documentation indicating that a confirmatory block was used. Documentation shows that the injured worker participated in PT; however there was no indication as to how many sessions were completed. Additionally, the provider submitted a request for cervical facet injections; however, the provider did not include whether the request was for diagnostic or therapeutic injections, or the levels needed. Therefore, the request for a cervical facet injection is not medically necessary.