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| Case Number: | CM14-0004424 | | |
| Date Assigned: | 01/14/2014 | Date of Injury: | 01/01/2008 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Expedited | Application Received: | 01/13/2014 |

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 Occupational 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 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 49 year old female with DOI Of 1/1/2008. The patient's current diagnoses include multilevel cervical disc injury, cervical stenosis, cervical sprain injury. Medical reports dated June 6, 2013 and July 11, 2013 indicate the patient is being treated with all tram and Prilosec the patient's states she had difficulty with range of motion CT the cervical spine on July 29, 2013 showed degenerative changes in level C5-6 and the mild disc bulge and C6 -7. An AME exam on October 16, 2013 states the patient has no significant radicular symptoms. The AME found that she would be a surgical candidate as other neurosurgeons did previously. The AME suggested that they proceed with a cervical discectomy and fusion at C5-6 as she is mainly has neck pain without significant arm pain; the patient has been offered and declined epidural injections. The patient has been using a TENS unit. The facet block was requested on 1-2-2014. Neurosurgical note dated June 28, 2013 states after facet block (diagnostic and therapeutic) that if the patient has significant facet arthropathy at the level of C-5-6 and is failed conservative management, should be candidate for anterior cervical discectomy and fusion at C5-6. PTP report 1/9/ 2014 states that the patient has been approved to proceed with surgery. However the patient is considering more conservative care such as a functional restoration program, but would consider surgery after.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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).

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that facet injections of corticosteroids are not recommended on page 181 in ACOEM chapter 8 neck and upper back. In addition, ODG states that " Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated." In the neck and upper back chapter. This patient has been authorized cervical surgery and has been recommended surgery by three neurosurgical specialist. There was no clear indication given as to the reason for the block. There was no clear evidence of a facet issue. The patient has been on same regimen of meds and light home exercise. Also CA MTUS does not recommend cervical facet blocks, therefore this procedure is not medically necessary.