

Case Number:	CM14-0109204		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2012
Decision Date:	10/31/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Pain Medicine and is licensed to practice in Texas. 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 56 year old female who sustained an injury to her neck on 03/08/12 while assisting a client; the injured worker heard and felt a pop in the upper border of the left scapula. MRI of the cervical spine, dated 05/14/12, revealed a 4mm broad based disc protrusion, most prominent in the paracentral regions; mild central canal narrowing; facet arthropathy and uncovertebral hypertrophy noted; moderate foraminal narrowing on the right and minimal foraminal narrowing on the left; C6-7, there was a broad based disc protrusion measuring up to 5mm, asymmetric to the left paracentral/foraminal region; mild central canal narrowing; facet arthropathy and uncovertebral hypertrophy; moderate foraminal narrowing on the left and mild foraminal narrowing on the right. Electromyography (EMG) / Nerve Conduction Study (NCS), dated 05/24/12, revealed electrodiagnostic evidence of subacute, left C7 radiculopathy, manifested by findings of denervation and cervical muscles in the C7 myotome and early reinnervation in one of the muscles; limited examination of the right was normal with no suggestion of right C7 radiculopathy. A progress report, dated 06/11/14, reported that the injured worker continued to complain of left-sided neck pain that has remained unchanged since previous visit. The injured worker is continuing to take medications as prescribed and is working within restrictions. Physical examination noted significant guarding with regards to the cervical spine; restricted painful movement noted in all planes; significant pain in the cervical spine while in any position; diffused tenderness in the cervical paraspinals and bilateral shoulder girdles. A request for a cervical facet block at left C5-6 and C6-7 was denied in the pre-authorization process on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Cervical facet block at the left C5-C6 and C6-C7 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks

Decision rationale: The request for one cervical facet block at the left C5-6 and C6-7 levels is not medically necessary. The previous request was denied on the basis that the injured worker was noted to be treated for cervical radiculopathy. The injured worker has also been treated with epidural steroid injections. EMG/NCS revealed electrodiagnostic evidence of radiculopathy in the C7 dermatome. Imaging studies also supported radiculopathy. Guidelines do not recommend facet joint blocks for injured workers with radicular pain; therefore, the request was not deemed as medically appropriate. The Official Disability Guidelines states that cervical facet blocks should be limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally. Given this, the request for one cervical facet block at the left C5-6 and C6-7 levels is not indicated as medically necessary.