

Case Number:	CM14-0011898		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2009
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 50 year old female who reported an injury on 06/03/2009. The mechanism of injury was not noted in the documentation provided. The injured worker complained of low back pain that radiated to the left lower extremity and neck pain that radiates the left upper extremity. Upon physical exam, range of motion of the lumbar spine revealed moderate reduction secondary to pain, spinal vertebral tenderness was noted at the C4-C7 and L4-S1 level and lumbar and cervical myofascial tenderness was noted on palpation. The injured worker's average pain rating was 8/10 with medications and 9/10 without medications. The injured worker's diagnoses included lumbar radiculopathy, cervical radiculopathy, cervical facet arthropathy, chronic pain, left lateral epicondylitis and left cubital tunnel syndrome. The injured worker participated in a home exercise program. The injured worker's medication regimen as of 12/18/2013 included Exoten-C lotion, Restone, Vicodin, Flector patch, Prilosec and Naproxen. The request for authorization form dated 12/12/2013 was included within the documentation. The provider's rationale for the request was not included within the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for cervical facet block injection is non-certified. The injured worker had chronic pain which was treated with medications and a home exercise program. The documentation submitted does not contain information that the injured worker has completed physical therapy. ACOEM states invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. The Official Disabilities Guidelines (ODG) recommend facet joint diagnostic blocks prior to facet neurotomy. The guidelines indicate there should be documentation of failure of conservative treatment (including home exercise, physical therapy and non-steroidal anti-inflammatory drugs) for at least 4-6 weeks. The guidelines note facet joint diagnostic blocks are limited to injured workers with cervical pain that is non-radicular and at no more than two levels and examination should be consistent with facet joint pain. The guidelines also recommend the use of fluoroscopy for guidance. The submitted request does not specify the specific levels at which the requested injection is to be performed. There is a lack of documentation indicating the injured worker has a negative neurologic exam. There is a lack of documentation indicating the injured worker has significant findings indicative of facetogenic pain upon physical exam. The documentation submitted does not support failure of conservative treatment. Due to the above noted, the request is non-certified.