

Case Number:	CM14-0013430		
Date Assigned:	02/26/2014	Date of Injury:	08/13/2004
Decision Date:	11/05/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 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 patient is a 58 year-old female with date of injury 08/13/2004. The medical document associated with the request for authorization, a primary treating physician's progress report dated 11/26/2013, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and diffuse tenderness over the facet joints. Range of motion was restricted and caused pain. Under ROS cervical radicular pain was noted. Left C6 and C7 ESI performed caused severe neck pain with radicular pain corresponding to the left C6 and C7 dermatomes. Diagnosis: 1. Cervical disc displacement 2. Status post C5 to C7 anterior and posterior cervical fusions with residual Cervicalgia, bilateral upper extremity pain, and headaches 3. Chronic pain. Patient underwent bilateral facet joint injections at C6-7, C7-T1, and T1-2 on 07/17/2013. The blocks were said to provide the patient with 70% relief from neck and back pain, but only lasted for 4 to 10 weeks at the most.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Bilateral Facet Block 1st Level DOS:01/14/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injections the patient must have had initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. The patient's previous blocks did not provide a significant duration of relief. Retrospective Request For Bilateral Facet Block 1st Level DOS:01/14/2014 is not medically necessary.

**RETROSPECTIVE REQUEST BILATERAL FACET BLOCK 2ND LEVEL
DOS:01/14/2014: Upheld**

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injections the patient must have had initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. The patient's previous blocks did not provide a significant duration of relief. Retrospective Request Bilateral Facet Block 2nd Level DOS:01/14/2014 is not medically necessary.

Retrospective Request Epidurography DOS:01/14/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Myelography

Decision rationale: According to the Official Disability Guidelines, myelography is not recommended except for selected indications. Indications include: 1. Demonstration of the site of a cerebrospinal fluid leak, 2. Surgical planning, 3. Radiation therapy planning, 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection, 5. Poor correlation of physical findings with MRI studies, and 6. Use of MRI is precluded. The patient does not fit the above criteria. Retrospective Request Epidurography DOS: 01/14/2014 is not medically necessary.