

Case Number:	CM14-0014876		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2010
Decision Date:	08/04/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 43-year-old female who has submitted a claim for cervical strain, superimposed on degenerative disc disease or the cervical spine, with possible radiculopathy associated with an industrial injury date of September 24, 2010. Medical records from 2013 were reviewed. The patient complained of chronic neck pain with radiation to the left elbow and both trapezial muscles. Physical examination showed diffuse tenderness over the cervical paraspinal, trapezial, interscapular, and parascapular muscles and restricted cervical ROM. MRI of the cervical spine from November 14, 2012 showed disc protrusion of 1-2mm in C3-C4, C4-C5, C5-C6, and C6-C7, with no cord or root impingement. Treatment to date has included NSAIDs, opioids, muscle relaxants, home exercise programs, acupuncture, physical therapy, and ulnar nerve release (11/14/12). Utilization review from January 10, 2014 denied the requests for left C4-C5 and C5-C6 diagnostic cervical facet blocks because the guidelines indicate that facet blocks are limited to only patient who experience cervical pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C4-5 DIAGNOSTIC CERVICAL FACET BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: According to pages 173-175 of the CA MTUS ACOEM Guidelines, cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. In this case, the patient complained of chronic neck pain with radiation to the left elbow and both trapezial muscles. However, physical examination failed to show evidence of facet disease. In addition, MRI of the cervical spine from November 14, 2012 showed disc protrusion of 1-2mm in C3-C4, C4-C5, C5-C6, and C6-C7, with no facet pathology. Lastly, there is no discussion concerning the need for variance from the guidelines. Therefore, the request for left C4-C5 diagnostic cervical facet block is not medically necessary.

LEFT C5-6 DIAGNOSTIC CERVICAL FACET BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: According to pages 173-175 of the CA MTUS ACOEM Guidelines, cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. In this case, the patient complained of chronic neck pain with radiation to the left elbow and both trapezial muscles. However, physical examination failed to show evidence of facet disease. In addition, MRI of the cervical spine from November 14, 2012 showed disc protrusion of 1-2mm in C3-C4, C4-C5, C5-C6, and C6-C7, with no facet pathology. Lastly, there is no discussion concerning the need for variance from the guidelines. Therefore, the request for left C5-C6 diagnostic cervical facet block is not medically necessary.