

Case Number:	CM14-0015427		
Date Assigned:	06/04/2014	Date of Injury:	08/06/2010
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 40 year old female who reported injury of the neck on 08/06/2010 secondary to being hit on the head by the lid of an ice machine. The injured worker complained of neck pain radiating to bilateral shoulders. On physical examination she was noted to have anterior surgical scars with decreased range of motion of the cervical spine on flexion/extension, tenderness across the cervical facet joint and the suboccipital region of the greater occipital nerve, Positive Tinel's sign of the greater occipital nerve, positive muscle spasms across the neck with trigger points, positive Spurlings sign maneuver bilaterally with the right greater than left, decreased sensation C5-6 distribution bilaterally, 5/5 strength on shoulder abduction and elbow flexion bilaterally. She has diagnoses of status post C5-C6 artificial disk replacement (03/29/2012), greater occipital neuralgia, cervical facet syndrome, neck pain, muscle spasm, and cervical radiculitis. Past treatments include trigger point injections, oral medication, cervical epidural steroid block on 03/21/2011 at C5-C6 on the right that she stated helped for about a week and another on 05/23/2011 in the same area in which she stated she felt worse after the injection. Documentation does specify that she had postoperative physical therapy and its effect. She had preoperative magnetic resonance studies (MRI's) done on 09/27/2011 and 10/19/2011 they showed no change when compared. Current medications are sertraline 100mg by mouth daily and tramadol 50mg one tablet by mouth every six hours as needed. She has no documentation to verify the trail of an anti-inflammatory. The current treatment plan is for bilateral diagnostic C5-C6 facet block with fluoroscopy and sedation. The authorization form is signed and dated 01/16/2013. There is no rationale for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL DIAGNOSTIC C5-C6 FACET BLOCK WITH FLUOROSCOPY AND SEDATION: 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 Official Disability Guidelines (ODG) neck and upper back, facet joint diagnostic block.

Decision rationale: The request for bilateral diagnostic C5-C6 facet block with fluoroscopy and sedation is non-certified. The patient has a history of neck pain and diagnoses of status post C5-C6 artificial disk replacement (03/29/2012), greater occipital neuralgia, and cervical radiculitis and facet syndrome that was treated with trigger point injections, oral medication, cervical epidural steroid block on 03/21/2011 at C5-C6 on the right that she stated helped for about a week and another on 05/23/2011 in the same area in which she stated she felt worse after the injection. According to Official Disability Guidelines (ODG) neck and upper back, facet joint diagnostic block, should be limited to patients with cervical pain that is non-radicular. Guidelines also state that the clinical presentation should be consistent with facet joint pain, signs & symptoms. The injured worker has evidence of radiculopathy. Therefore, the request for bilateral diagnostic C5-C6 facet block with fluoroscopy and sedation is not medically necessary and appropriate.