MAXIMUS Federal Services

Case Number:	CM14-0015986		
Date Assigned:	03/03/2014	Date of Injury:	04/12/2006
Decision Date:	10/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurological Surgery 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 injured employee is a 58-year-old gentleman who states that he sustained a work-related injury on April 12, 2006, when he complained of neck pain, shoulder pain, and right index finger numbness and tingling due to repetitive work. Current medical problems include overactive bladder, kidney stones, anxiety, neck pain, shoulder pain, muscle spasms, brachial neuritis or radiculitis, cervical facet joint syndrome, and failed cervical syndrome. The most recent examination in the medical records is dated January 17, 2014 and the injured employee complained of pain in his shoulders as well as the upper and lower cervical spine and his left greater than right arm. Current examination notes decreased cervical range of motion in flexion and extension with pain. There is tenderness over the facet joints of the cervical spine. There is a positive right-sided Spurling's test to the C7 nerve distribution and palpable muscle spasms across the neck and trapezial region. There is a positive Tinel's test at the wrist bilaterally and a positive left shoulder impingement sign. There is 5/5 strength in the lower extremities, and 5-/5 strength right-sided wrist extension. Prior treatment has included facet blocks at C2- C3 and C3-C4 60% improvement and bilateral C6 - C7 blocks with 50% improvement. Current medications include Klonopin, Flexeril, Flomax, Ultram, and Myrbetriq. There is also an apparent history of the prior C4/C5 and C5/C6 fusion. The medical record does not contain any information about which previous requests were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C2-C3 & C3-C4 FACET BLOCKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks, Updat.

Decision rationale: Despite the injured employee's history of prior treatment the California chronic pain treatment guidelines, Chapter 8, neck and upper back, do not support invasive injections of the cervical spine to include facet blocks. Furthermore injections are recommended at the C2/C3 and C3/C4 levels whereas the patient's signs and symptoms appear mostly to be at the C7 level according to the most recent physical examination. For these reasons, this request is not medically necessary.