

Case Number:	CM14-0113019		
Date Assigned:	08/06/2014	Date of Injury:	04/06/2009
Decision Date:	09/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 worker is a 40-year-old male who reported an injury on 04/06/2009. The mechanism of injury was not provided. An MRI performed on 09/04/2013 revealed protrusion 3 mm to 2 mm at the C5-6, C6-7, and C4-5 levels. The injured worker had a right C2-3 selective nerve root block on 04/09/2014 with marked improvement and occipital headaches. On 05/14/2014 the injured worker had a C5, C6, and C7 medial branch block without relief. On 05/20/2014, the injured worker presented with pain on the base of his neck and bilateral arms. On examination, there was decreased sensation to the right radial aspect of the hand, intact motor reflexes in the upper extremities and active trigger points in the bilateral upper trapezius muscles. Diagnosis was degenerative disc disease of the cervical spine. He had a previous cervical disco gram at the C5-6 level. The provider recommended a left cervical C4-5, C5-6 and C6-7 facet joint injection, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Cervical C4-C5, C5-C6, and C6-C7 Facet Joint Injection: Upheld

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

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) Neck and Upper Back, Facet Joint Diagnostic Block.

Decision rationale: The MTUS/ACOEM Guidelines indicate either invasive technique have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at a diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels injected in 1 session and failure of conservative treatment to include home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. Upon examination, the injured worker had sensory deficits at the right medial aspect of the hand and motor reflexes are noted to be normal at the upper extremities. There was trigger points noted in the upper trapezius muscles and assessment noted degenerative disc disease at the cervical spine. Further review indicated that the injured worker underwent a C5, C6, and C7 medial branch block on 05/14/2014. Per the available records, there was no relief of pain with these injections. There was lack of documentation that the injured worker had failed prior conservative treatment measures to include physical therapy, NSAIDS and home exercise for at least 4 to 6 weeks. There was a lack of a complete and adequate assessment of the injured worker's deficits to include a negative Spurling's test and specific tenderness over the requested facets region. Additionally, the provider's request for left cervical C4-5, C5-6 and C6-7 facet joint injection exceed the guideline recommendations. As such, the request is not medically necessary.