

Case Number:	CM14-0150581		
Date Assigned:	09/18/2014	Date of Injury:	04/25/2013
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 34-year-old male who reported an injury on 04/25/2013 due to a fall down stairs. On 04/11/2014 an MRI of the cervical spine was performed that noted: no significant central spinal stenosis present at the C2-3 dermatomes; no significant central spinal canal stenosis present at the C3-4 dermatomes and uncovertebral spondylosis which contributes to mild bilateral foraminal stenosis; and a broad based posterior disc bulge present at the C4-5 facets with an eccentric right paracentral component. On 05/05/2014, the injured worker presented with right shoulder neck and low back pain. On examination of the cervical spine there was moderate spasm and tenderness over the paraspinous muscles to the right and periscapular region to the right. There was full range of motion but increased pain with rotation and lateral tilt to the right. There was a negative Spurling's sign. Motor strength was 5/5 in the upper and lower extremities. The diagnoses were cervical discogenic pain, cervical stenosis, possible cervical radiculitis and cervical facet pain. Prior therapy included physical therapy and medications. The provider recommended a cervical facet injection at the right C2-3, C3-4 and C4-5 under fluoroscopy and conscious sedation. 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:

Cervical facet injection at right C2-3, C3-4 and C4-5 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for the use of diagnostic blocks for facet "mediated" pain

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 Diagnostic Block.

Decision rationale: The request for Cervical facet injection at right C2-3, C3-4 and C4-5 under fluoroscopy is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physician's believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use of a diagnostic block for the facet nerve pain include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours, is limited to injured workers with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of failure to respond to conservative treatment to include medications and home exercise, and the diagnostic blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection levels. There is a lack of documentation of the injured worker's failure to respond to conservative treatment to include medications and physical therapy. Her physical examination findings of the cervical spine included muscle spasm and tenderness above the paraspinous muscles on the right and periscapular region. There was full range of motion and a negative Spurling's sign. There was 5/5 strength noted. More information is needed to address sensation deficits. There is a lack of documentation that the injured worker would participate in an active treatment program following the requested injections. Additionally, the provider's request for facet injection to the right C2-3, C3-4 and C4-5 exceed the guideline recommend of no more than 2 levels injected at one session. Given the above, the request is not medically necessary.

Conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.