

Case Number:	CM14-0152166		
Date Assigned:	09/22/2014	Date of Injury:	01/12/2009
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 35-year-old male who reported injury on 01/12/2009 due to getting hit with a nightstick while on duty. The injured worker has diagnoses of disc displacement of the cervical spine, cervical radiculopathy, and cervicgia. Past medical treatment consists of surgery, acupuncture, physical therapy, and medication therapy. Medications include Prilosec, Percocet, naproxen, Flexeril, Terocin patches, Ondansetron, and tramadol. The injured worker has undergone x-rays of the shoulders bilaterally and cervical spine. On 09/02/2014, the injured worker complained of cervical spine pain. It was noted on physical examination of the cervical that the injured worker had palpable paravertebral muscle tenderness with spasm. A negative axial loading compression test was noted. Spurling's maneuver was negative. Range of motion was limited with pain. Sensation and strength were normal. The medical treatment plans for the injured worker were to undergo bilateral C2-3 diagnostic block. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C2-C3 diagnostic block.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 Official Disability Guidelines recommend that clinical presentation should be consistent with facet joint pain sign and symptoms. The Guidelines note facet injections are limited to patients with cervical pain that is non radicular and at no more than 2 levels bilaterally. The Guidelines recommend that there should be documented evidence of failure of conservative treatment to include home exercise, PT and NSAIDs, and no more than 2 joint levels should be injected in 1 session. It was noted in the submitted documentation that the injured worker had a diagnosis of cervical radiculopathy. According to guidelines, facet injections are limited to patients without a diagnosis of cervical radiculopathy. Additionally, the submitted documentation lacked any evidence of failed conservative treatment. Furthermore, there was lack of documentation indicating facetogenic pain and there was lack of documentation of a negative neurologic exam. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Monitored Anesthesia Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Epidurography.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.