

Case Number:	CM14-0023833		
Date Assigned:	06/11/2014	Date of Injury:	04/08/1999
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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, 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 54-year-old who reported an injury on April 8, 1999. The mechanism of injury was not provided in the documentation. Per the operative report dated January 8, 2014, the injured worker was reported to have undergone bilateral posterior triangle injections at the suprascapular area. Per the progress note dated March 6, 2014, the injured worker continued to report neck pain bilaterally with aching, tenderness, and burning. On physical exam, there was tenderness bilaterally to the posterior cervical triangles. Range of motion was noted to be normal. Current medications for the injured worker included Lexapro, Wellbutrin, progesterone, and Zanaflex. Previous treatments for the injured worker were not provided in the documentation. The Request for Authorization for bilateral atlanto-occipital and atlanto-axial injections was dated February 11, 2014. The provider's rationale for the injections was related to muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL ATLANTO-OCCIPITAL AND ATLANTO-AXIAL INJECTIONS UNDER FLUOROSCOPY: 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 Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet joint diagnostic blocks.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, invasive techniques such as injection of trigger points, facet joints, or corticosteroids have no proven benefit in treating acute neck and upper back symptoms. According to the Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain includes: one set of diagnostic medial branch blocks with a response of equal to or greater than 70%; limited to patients with cervical pain that is non-radicular; and documentation of failure of conservative treatment prior to the procedure for at least four to six weeks. There is a lack of documentation regarding other conservative treatments and the efficacy of those treatments. There is a lack of documentation regarding a previous medial branch block and the results of that block. There is a lack of documentation regarding current medication use and the efficacy of that medication. There was a lack of facet mediated pain documented on examination. The request for bilateral atlanto-occipital and atlanto-axial injections under fluoroscopy is not medically necessary or appropriate.