

Case Number:	CM14-0025092		
Date Assigned:	06/11/2014	Date of Injury:	02/13/2012
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 worker is a 64-year-old injured on February 13, 2012. The mechanism of injury was noted as a slip and fall down some steps. The most recent progress note, dated January 21, 2014 indicated that there were ongoing complaints of left sided cervical spine pain radiating down the left arm. Current medications included amitriptyline, Norvasc, Tenormin, Vytarin, Cozaar Percocet, Zoloft, Nexium and Estradiol. The physical examination demonstrated tenderness of the left sided, upper cervical and paracervical regions with trigger points identified. There was increased pain with cervical spine range of motion. There was a positive Spurling's test to the left side and decreased sensation in the left C5 and C6 dermatomes. There was decreased left shoulder strength. There was also tenderness of the right sided lumbar paravertebral muscles and a positive right sided straight leg raise. There was decreased sensation in the left L3 and L4 dermatomes. There was also slightly decreased left hip strength. Diagnostic imaging studies objectified multilevel degenerative disc disease of the cervical spine and a left sided paracentral disc herniation at C6-C7. An MRI of the lumbar spine also showed multilevel degenerative changes most notably at L3-L4 and L4-L5. Cervical spine facet blocks were recommended, as well as nerve conduction testing of the upper and lower extremities. A request had been made for cervical spine facet blocks and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK, LEFT C2-3,C3-4, C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic), Facet Joint Therapeutic Injections.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, cervical facet injection procedures such as injection of trigger points, facet joints, or corticosteroids, lidocaine or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms. Similarly, therapeutic facet injections of the cervical spine are also not recommended by the Official Disability Guidelines. Even if cervical facet injections were pursued, there should be no evidence of radicular pain of the cervical spine not only does the injured employee complain of left sided radicular symptoms. There is also a positive left-sided Spurling's test and decreased sensation to the left C5 and C6 dermatomes. The request for a facet block, left, at C2-C3, C3-C4, and C4-C5 is not medically necessary or appropriate.