

Case Number:	CM14-0025156		
Date Assigned:	03/03/2014	Date of Injury:	08/29/1996
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine 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:

This is a 71-year-old male with an 8/29/96 date of injury. The patient was seen on 11/22/13 complaining of ongoing neck pain radiating to the arms bilaterally. Exam findings revealed tenderness over the facets at C5/6 and C6/7, significant loss of range of motion to 30% and associated pain on movement. Weakness is noted in the left biceps and triceps and decreased sensation in the left C6 and C7 dermatomes. A facet block was recommended to C5/6 and C6/7 given prior epidural injections have failed, and there are imaging studies revealing facet arthropathy at C5/6 and C6/7. The patient demonstrates severe limitation and pain in reproduction, and the injections are meant to be helpful. Treatment to date: acupuncture, physical therapy, medications, and chiropractic treatment. A UR decision dated 8/29/96 denied the request given facet blocks are recommended for non-radicular pain only.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 and C6-C7 bilateral cervical facet block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary last updated 12/16/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175; 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-Facet blocks.

Decision rationale: CA MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. MTUS does not recommend intrarticular injections for acute, sub-acute, and chronic regional neck pain. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG states that regarding intra-articular blocks, no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. With regard to these injections, this patient apparently has facet arthropathy at C5/6 and C6/7 on an MRI; however the radiologic report was not made available for review. In addition, it is unclear what type of injections are being requested (i.e. intra-articular facet injections, medial branch block injections with plans for a rhizotomy). Therefore, the request for a C5-C6 and C6-C7 bilateral cervical facet block is not medically necessary.