

Case Number:	CM14-0033611		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2013
Decision Date:	12/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 patient is a 55-year-old female with date of injury of 03/25/2013. The treating physician's listed diagnoses from 08/12/2014 are: 1. Degenerative disk disease, cervical. 2. Cervical spondylosis without myelopathy. 3. Degenerative disk disease, lumbar. According to this report, the patient complains of neck pain that is described as moderate. The pain continues to be the same in the neck with radiation and numbness non-dermatomally down the bilateral upper extremities as well as in the lower back down the bilateral lower extremities. She is working full time with minimal restrictions. The examination shows the patient is alert and cooperative. There is no tenderness in the cervical spine. Foraminal compression/Spurling's test is negative. Muscle strength is 5/5 in the bilateral upper and lower extremities. Sensation is globally intact. The documents include progress reports from 07/01/2014 to 10/23/2014. The utilization review denied the request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injections with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet joint diagnostic blocks (injections)

Decision rationale: This patient presents with neck pain. The treater is requesting cervical facet injections with sedation. The ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The documents provided for review showed reports after the UR denied it on 02/24/2014. The treating physician's requesting report was not made available for review. The records do not show any previous cervical facet injections with sedation. The 07/01/2014 report notes that the patient continues to complain of neck pain that has been sudden and occurring in a persistent pattern for months. She still reports radiation down the bilateral extremities in a non-dermatomal fashion with numbness in the hands bilaterally. In this case, ODG Guidelines do not support facet injections when radicular symptoms are present. The request is not medically necessary.