

Case Number:	CM14-0038053		
Date Assigned:	06/25/2014	Date of Injury:	07/10/2013
Decision Date:	08/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old male with a 7/10/13 date of injury. At the time of the request for authorization for facet joint injections, bilateral C4-C5, C5-C6, and C6-C7, there is documentation of subjective (neck pain) and objective (cervical range of motion is decreased in all planes due to pain and stiffness) findings, current diagnoses include neck pain with daily headaches and decreased cervical range of motion with a history of cervical degenerative disc disease sequelae to industrial injuries. Treatment to date includes medication and physical therapy. There is no documentation of no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injections, Bilateral C4-C5, C5-C6, and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter.

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 & Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: ACOEM Guidelines identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of neck pain with daily headaches and decreased cervical range of motion with a history of cervical degenerative disc disease sequelae to industrial injuries. In addition, there is documentation of cervical pain that is non-radicular and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given that the request is for facet joint injections, bilateral C4-C5, C5-C6, and C6-C7, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.