

Case Number:	CM14-0040894		
Date Assigned:	06/30/2014	Date of Injury:	10/22/2006
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 & Rehab, has a subspecialty in Pain 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:

The injured worker is a 46-year-old female who reported an injury on 12/22/2008. On 12/16/2013 the injured worker reported pain in the cervical spine that radiated into the left upper extremity and pain in the lumbar spine. She stated that activities of daily living caused the pain to increase and that she was having difficulty sleeping. A physical examination had range of motion to the cervical spine documented as flexion to 45 degrees, extension to 50 degrees, and right and left lateral bending to 30 degrees. On 11/15/2013, the injured worker underwent an electromyogram of the bilateral upper extremities which revealed to be an abnormal EMG of the upper extremities due to C5-6 chronic radiculopathy with some neurogenic changes greater on the right, and a nerve conduction study of the bilateral upper extremities performed on 11/15/2013 which revealed mildly abnormal nerve conduction velocity study of the upper extremity due to slight slowing across the carpal tunnel, and no abnormality was seen involving the left ulnar nerve or at or near the elbow. Her diagnoses included cervical strain, disc lesion of the cervical spine with radiculitis and radiculopathy, right shoulder tendinitis impingement syndrome, left shoulder tendinitis impingement syndrome, lateral epicondylitis of the right elbow, lateral epicondylitis of the left elbow, tendinosis of the carpal tunnel at the right and left wrist and hand, symptoms of anxiety, depression related to chronic pain and trauma, and symptoms of insomnia. Her medications included Ambien, Wellbutrin, and Zanaflex. The treatment plan was for bilateral facet blocks at the C6-7 level. The Request for Authorization Form was signed on 02/03/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks at C6-C7: Upheld

Claims Administrator 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, criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Blocks.

Decision rationale: The request for bilateral facet blocks at the C6-7 is not medically necessary. On 12/16/2013, the injured worker reported cervical spine pain that radiated into the left upper extremity and pain in the lumbar spine. An EMG report dated 11/15/2013 showed chronic radiculopathy at the C5-6 level with some neurogenic changes greater on the right. The Official Disability Guidelines state that for facet joint blocks, clinical presentation should be consistent with facet joint pain signs and symptoms and should be limited to those with cervical pain that is non-radicular. Based on the clinical information submitted for review, the injured worker had a diagnosis of radiculopathy confirmed by an EMG report dated 11/15/2013. The use of facet joint blocks are not indicated for radicular pain, and therefore, the request is not supported. Given the above, the request is not medically necessary.