

Case Number:	CM14-0048128		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2013
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/16/2014

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 and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 03/01/2013. The mechanism of injury was listed as a motor vehicle accident. An MRI was completed on 04/10/2013. Results showed at the levels of C2 through C4, disc height and signal were within normal limits with no contour abnormalities and central canal, or neural foramina narrowing with all facet joints listed as within normal limits. It was further noted the MRI suggested ligamentous injury at multiple levels with no findings to suggest instability. It was also noted that the injured worker had previous medial branch blocks to L3-5 with radiofrequency ablation following. The clinical visit on 05/09/2014 noted the injured worker was complaining of low back and hip pain rated 6/10. It was also noted that the injured worker complained that her work schedule at that time made the pain in her back and neck worse and wanted to reduce her number of work days or continue to work from home. The physical exam revealed that all ranges of motion were within normal limits in the extremities with only pain elicited in the left SI. Range of motion in the spine was also listed as within normal limits. Within the assessment portion of the report, it was noted that the physician was recommending physical therapy of an estimated one month. Other therapies were noted to include chiropractic therapy, medication, and activity adjustments. A Request for Authorization was submitted with a date of 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Facet Block Injections at C2-3 and C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Upper Back and Neck.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The request for bilateral cervical facet block injections at C2-3 and C3-4 is not medically necessary. The California MTUS Guidelines do not specifically address bilateral cervical facet block injections and secondary guidelines were sought. The Official Disability Guidelines state that physical findings of facet joint pain in the cervical region are similar to those found with spinal stenosis, cervical strain, and discogenic pain with characteristics generally described as the following: axial neck pain; tenderness to palpation in the paravertebral areas; decreased range of motion; absence of radicular and/or neurological findings. The guidelines further state that facet joint blocks are recommended prior to facet neurotomy and that in the anticipation of a successful treatment, the future care would proceed to facet neurotomy. The criteria set forth by the guidelines are noted to include: one set of diagnostic medial branch blocks is required with a response of greater than 70%; limited to patients with cervical pain that is non-radicular at no more than two levels bilaterally; there is documentation of failure of conservative treatments prior to the procedure for at least four to six weeks; no more than two joint levels are injected in one session. Within the provided medical records, it was shown that the patient on that day was not complaining of neck pain. There were no physical findings to show a decreased range of motion, no signs or symptoms of facet joint pain, and no tenderness along the designated levels in the request. Furthermore, there is diagnostic imaging to contra-indicate the request with no report of facet joint degeneration at the requested sites of the injections. Without further documentation and/or medical records to address the aforementioned deficiencies in the review, the request at this time cannot be supported by the guidelines. As such, the request is found to be not medically necessary.