

Case Number:	CM14-0055257		
Date Assigned:	07/07/2014	Date of Injury:	03/12/2013
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 59-year-old male with a March 12, 2013 date of injury. At the time of request for authorization for bilateral C5-C6, C6-C7 facet injections with fluoroscopic guidance and IV sedation (on March 14, 2014), there is documentation of subjective (neck pain radiating to the upper extremities with numbness into the hands) and objective (tenderness to palpation along the cervical paraspinal muscles and decreased cervical range of motion with significant tightness) findings, current diagnoses (cervical spinal stenosis, cervical spondylosis without myelopathy, cervical disc degeneration, and cervical disc displacement without myelopathy), and treatment to date (physical therapy, medications (NSAIDs and Flexeril), and activity modification). There is no documentation of pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6, C6-C7 facet injections with fluoroscopic guidance and IV sedation:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute and chronic), criteria for the use of diagnostic blocks for facet nerve pain.

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: The Neck and Upper Back Complaints Chapter of the ACOEM Practice 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 cervical spinal stenosis, cervical spondylosis without myelopathy, cervical disc degeneration, and cervical disc displacement without myelopathy. In addition, there is documentation of cervical pain 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. However, given documentation of subjective findings (neck pain radiating to the upper extremities with numbness into the hands), there is no documentation of pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for bilateral C5-C6, C6-C7 facet injections with fluoroscopic guidance and IV sedation is not medically necessary or appropriate.