

Case Number:	CM14-0056307		
Date Assigned:	07/25/2014	Date of Injury:	08/04/2012
Decision Date:	09/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 47 year old female injured on 08/04/12 due to an undisclosed mechanism of injury. The diagnoses included left shoulder acromioclavicular joint arthritis, left shoulder rotator cuff tendinitis and bursitis, impingement syndrome, cervical spine degenerative disc disease with herniated nucleus pulposus. The clinical note dated 03/24/12 indicates the injured worker presented complaining of ongoing neck pain severe in nature, right greater than left radiating into the shoulder area. A physical examination revealed normal cervical motion with pain on extension, positive Spurling's sign bilaterally, 5/5 strength throughout upper extremities, positive Hoffman's sign on the right, good fast finger movements, decreased sensation in the right thumb and no hyperreflexia or clonus distally. A Magnetic resonance image (MRI) of the cervical spine dated 01/09/14 revealed right posterolateral disc protrusion and disc osteophyte complex at C3-4 resulting in moderate right foraminal encroachment, mild left C3-4 foraminal encroachment with posterolateral disc bulge, right posterolateral disc protrusion with disc osteophyte complex at C4-5 resulting in moderate to severe right C4-5 foraminal encroachment with anatomic potential for impingement on the exiting right C5 nerve, posterior disc contour preserved throughout the cervical spine without evidence of significant foraminal encroachment or spinal canal stenosis, cervical spinal cord demonstrated normal signal intensity and girth. Documentation indicates the injured worker has failed conservative care to include physical therapy, medication management and activity modification. A list of current medications was not provided for review. The initial request for injection cervical facet blocks at C3-4, C4-5 with fluoroscopy in the cervical spine, preoperative medical clearance, labs to include electrocardiogram and chest x-ray, consultation anesthesia clearance and postoperative physical therapy 3 x week for 3 weeks for the cervical spine quantity 9 was initially not medically necessary on 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection cervical facet blocks at C3-4, C 4-5 with fluoroscopy, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical and Upper Back Complaints, Diagnostic Investigations, Diagnostic Facet Blocks (Intra-articular and Nerve Blocks).

Decision rationale: The current California guidelines do not recommend Diagnostic Facet Blocks (Intra-articular and Nerve Blocks) for Acute, Sub-Acute and Chronic Regional neck pain. The diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. Additionally, the injured worker exhibits objective findings consistent with radiculopathy which is a contraindicated for the use of facet injections. As such, the request for Injection cervical facet blocks at C3-4, C 4-5 with fluoroscopy, cervical spine cannot be recommended as medically necessary.

pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: Based on review of the records provided, the request is not supported as medically necessary. The request is directly dependent upon the recommendation of the facet injection previously recommended as not medically necessary. As such, the request for pre-operative medical clearance cannot be recommended as medically necessary.

Labs to include ekg and chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: Based on review of the records provided, the request is not supported as medically necessary. The request is directly dependent upon the recommendation of the facet

injection previously recommended as not medically necessary. As such, the request for labs to include electrocardiogram and chest x-ray cannot be recommended as medically necessary.

Consultation anesthesia clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low back Complaints, page(s) Follow-up visits.

Decision rationale: Based on review of the records provided, the request is not supported as medically necessary. The request is directly dependent upon the recommendation of the facet injection previously recommended as not medically necessary. As such, the request for consultation anesthesia clearance cannot be recommended as medically necessary.

9 sessions of Physical therapy-post op 3 x for 3 weeks for the cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Physical Medicine, page(s) 98 Page(s): 98.

Decision rationale: Based on review of the records provided, the request is not supported as medically necessary. The request is directly dependent upon the recommendation of the facet injection previously recommended as not medically necessary. As such, the request for 9 sessions of Physical Therapy Post-Op 3 x for 3 weeks for the cervical cannot be recommended as medically necessary.