

Case Number:	CM14-0074157		
Date Assigned:	07/16/2014	Date of Injury:	07/03/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records, presented for review, indicate that this 43 year old gentleman was reportedly injured on July 3, 2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of increasing cervical spine pain and back pain. There were no complaints of radicular symptoms. The physical examination demonstrated an antalgic gait. No focused examination of the cervical or lumbar spine was performed. Diagnostic imaging studies of the cervical spine were normal. Nerve conduction studies of the upper extremities were also normal. An MRI of the lumbar spine indicated disk desiccation at L4 to L5 and L5 to S1. Previous treatment included chiropractic care, home exercise, and physical therapy. A request was made for bilateral cervical facet nerve blocks and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet nerve block with image guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Facet joint diagnostic blocks- Neck and Upper Back Chapter.

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 Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the diagnostic criteria for facet nerve blocks includes documentation of failure of conservative treatment as well as that injection should be limited to no more than two joint levels per session. According to the attached medical record, there is no documentation that the injured employee has failed to improve with conservative treatment. Furthermore, the most recent progress note, dated July 2, 2014, recommends six sessions of chiropractic treatment. Additionally, this request does not indicate which levels or the number of levels requested for injection. For these multiple reasons, this is not medically necessary.