

Case Number:	CM14-0075359		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2012
Decision Date:	10/31/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 27-year-old female with a 7/9/12 date of injury. At the time (4/9/14) of request for authorization for Facet injection, Cervical Spine C6-C7 Bilateral, there is documentation of subjective (neck pain with spasm) and objective (tenderness over the cervical paravertebrals and trapezius, and positive cervical compression test with pain radiating to the right upper extremity, and decreased sensation over the C5-C6 distribution on the right side) findings, current diagnoses (cervical sprain), and treatment to date (physical therapy, medications, cervical epidural steroid injection, home exercise program, and activity modification). There is no documentation of pain that is non-radicular and at no more than two levels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection, Cervical Spine C6-C7 Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Facet joint diagnostic blocks

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: MTUS reference to ACOEM 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 a diagnosis of cervical sprain. In addition, there is documentation of cervical pain, failure of conservative treatment (home exercise, physical therapy, 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 objective findings (positive cervical compression test with pain radiating to the right upper extremity, and decreased sensation over the C5-C6 distribution on the right side), there is no documentation of pain that is non-radicular and at no more than two levels bilaterally. Therefore, based on guidelines and a review of the evidence, the request for Facet Injection, Cervical Spine C6-C7 Bilateral is not medically necessary.