

Case Number:	CM14-0081411		
Date Assigned:	07/18/2014	Date of Injury:	09/21/2009
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation 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 50-year-old female with a 9/21/09 date of injury. At the time of request for authorization (3/31/14) for facet block C2-C3 left side, C4-C5 right side and C7-T1 bilaterally, there is documentation of subjective complaints are ongoing neck pain with associated headaches and intermittent radiation into the arms. Objective findings revealed diffuse tenderness throughout the cervical spine C3 through C7 as well as the upper trapezius and decreased cervical range of motion. Her current diagnoses include status post anterior cervical discectomy and placement of artificial disc replacement C5-6 and C6-7 and cervical spondylosis across the facet joints at C3-4 and C4-5. The treatment to date is physical therapy, medications, activity modification, and home exercise program. There is no documentation of pain that is non-radicular and at no more than two levels bilaterally, and no more than two joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block C2-C3 left side, C4-C5 right side and C7-T1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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. The Official Disability Guidelines (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, 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, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and placement of artificial disc replacement C5-6 and C6-7 and cervical spondylosis across the facet joints at C3-4 and C4-5. In addition, there is documentation of cervical pain and failure of conservative treatment (including home exercise, physical therapy, and medications). However, given documentation of subjective (ongoing neck pain with intermittent radiation into the arms) and objective (diffuse tenderness throughout the cervical spine C3 through C7 as well as the upper trapezius) findings, there is no documentation of pain that is non-radicular and at no more than two levels bilaterally. In addition, given documentation of a request for facet block C2-C3 left side, C4-C5 right side and C7-T1 bilaterally, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for facet block C2-C3 left side, C4-C5 right side and C7-T1 bilaterally is not medically necessary.