

Case Number:	CM13-0054768		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2007
Decision Date:	01/02/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 5, 2007. In a Utilization Review Report dated November 1, 2013, the claims administrator failed to approve request for bilateral cervical blocks. The applicant's attorney subsequently appealed. In a February 13, 2013 progress note, the applicant reported ongoing complaints of bilateral arm, neck, shoulder, mid back, hip, hand, low back, ankle, foot, and knee pain. The applicant was not working. The applicant presented to obtain an updated disability form. 9/10 pain was appreciated. The applicant was status post multiple knee and shoulder surgeries. The applicant's medication list included Norco, Xanax, Ambien, Soma, Motrin, Zovirax, and Wellbutrin. Cervical and thoracolumbar lumbar MRIs were endorsed for surgical intervention evaluation purposes. In a July 23, 2013 progress note, it was acknowledged that the applicant was not working and had last worked as a bartender on February 18, 2008. Only fleeting relief had been received from an unspecified cervical injection some few months prior. The applicant reported pain from the neck radiating into the right scapula. The applicant stated that her pain was severe. The applicant was given diagnosis of symptomatic disk degeneration about the cervical spine, multilevel foraminal stenosis, thoracic facet arthropathy, and cervical disk protrusion at C6-C7. Medial branch blocks and a thoracic MRI were sought. On October 23, 2013, the applicant was using Soma, Xanax, Ambien, Norco, Wellbutrin, Motrin, and Zanaflex, it was acknowledged. It was suggested that the applicant was working community service in one section of the note. 6-9/10 pain was appreciated. Multilevel cervical facet blocks and lumbar facet blocks were sought. It was stated that the applicant had tenderness about the cervical facet and lumbar facets on exam. On December 18, 2013, the attending provider renewed his request for cervical facet injections. It was stated that the applicant was crying, angry, and depressed. It was stated that

the applicant was 50% to 75% of the day lying in bed. The attending provider renewed the request for cervical facet blocks while Soma and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Facet Block Bilateral C3-C4, C4-C5, C5-C6 QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, as are being sought here, are deemed "not recommended." In this case, it noted that there is considerable lack of diagnostic clarity present here as the applicant has been given various diagnosis pertaining to the cervical spine, including cervical degenerative disk disease, nonspecific neck pain, muscular neck pain, muscle spasms involving the neck, cervical facet syndrome, etc. The multiplicity of diagnosis involving the cervical spine, coupled with the applicant's multifocal complaints of knee pain, shoulder pain, low back pain, mid back pain, depression, anxiety, etc., call into question the suspected diagnosis of cervical facet syndrome. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. The request is not medically necessary.