

Case Number:	CM14-0188520		
Date Assigned:	11/19/2014	Date of Injury:	06/20/2013
Decision Date:	08/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male with a June 20, 2013 date of injury. A progress note dated September 24, 2014 documents subjective complaints (follow up for neck and right upper extremity pain; continues to have pain), objective findings (pain with neck extension and right and left side bending), and current diagnoses (cervical spondylosis with possible cervical facet syndrome). Treatments to date have included electromyogram/nerve conduction study, medications, and exercise. The treating physician documented a plan of care that included C2-C3 and C3-C4 cervical facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C2-C3 and C3-C4 cervical facet injection: 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 (ODG), Facet joint diagnostic blocks.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for neck pain. He was seen for follow-up of neck and right upper extremity pain. He was having ongoing pain. Physical examination findings included pain with cervical extension and side bending. Authorization for right cervical facet injections was requested. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, when requested, the claimant was being seen for follow-up of neck and right upper extremity pain and was having ongoing pain. Whether he was having axial and ongoing radicular pain was not documented. The requested cervical medial branch blocks therefore do not meet the necessary criteria and cannot be considered as being medically necessary.