

Case Number:	CM14-0201583		
Date Assigned:	12/11/2014	Date of Injury:	09/21/1999
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 58 year old who was injured on 9/21/1999. The diagnoses are cervicalgia, cervical sprain, lumbar strain, cervical spondylosis, neck, shoulders, low back and hip pain. There are associated diagnoses of depression, anxiety and personality disorder. The 2012 MRI of the lumbar spine showed degenerative disc disease of the lumbar spine with facet arthropathy, neural foraminal narrowing, disc bulge and right S1 root displacement. On 10/18/2014, [REDACTED] noted subjective complaint of neck, low back and extremities pain. There was objective finding of decreased range of motion of the cervical spine, tenderness over the facet joints and paraspinal areas. The medications listed are Norco, Soma, Klonopin, omeprazole and Tylenol with Codeine. In 2013, [REDACTED] noted that the patient was obtaining opioids from other providers. The CURES and UDS reports were noted as consistent. A Utilization Review determination was rendered on 11/19/2014 recommending non certification for left C2-3, C3-4 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical C2-3 and C3-4 facet injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version- Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and upper Back.

Decision rationale: The CA MTUS/ACOEM and the ODG guidelines recommend that cervical facet blocks can be utilized for the treatment of severe neck pain of facet origin when conservative treatments with medications management have failed. The records indicate that the patient had utilized medications for many years but have failed conservative treatments. There are subjective, objective and radiological findings consistent with cervical facet syndrome. Cervical radiculopathy was excluded. The criteria for left C2-3, C3-4 facet blocks was met.