

Case Number:	CM14-0201658		
Date Assigned:	12/12/2014	Date of Injury:	08/09/2001
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
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 and Florida. 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 59 year old female who was injure on 8/9/2001. The diagnoses are cervicgia, fibromyalgia, status post cervical fusion, bilateral shoulder and knee pain. The past surgery history is significant for shoulders, knees and cervical spine surgeries. The 2014 MRI of the cervical spine showed extensive surgical changes, multilevel disc herniations, spinal stenosis, multilevel facet arthropathy and degeneration. The 2007 EMG/NCV showed distal median neuropathy. The past treatment included PT, interferential pain unit, cervical epidural injections and massage treatments. On 10/27/2014, [REDACTED] noted subjective complaint of neck pain radiating to the scapular area, base of skull and arm. The pain score was rated at 7/10 without medication reduced to 5-7/10 with medications. There was objective finding of tenderness to palpation over the cervical spinal levels and positive impingement test bilaterally. On 11/18/2014, [REDACTED] noted subjective complaints of increased neck pain and migraines. The pain score was rated at 7.5-10/10 without medications and 6-7/10 with medications. The 10/23/2014 UDS was noted to be consistent. The medications listed are Nucynta and Oxymorphone. A Utilization Review determination was rendered on 11/11/2014 recommending non certification for C3-C4, C4-C5 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Facet block at C3-C4 and C4-C5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Pain Chapter

Decision rationale: The CA MTUS / ACOEM and the Official Disability Guidelines (ODG) recommend that cervical facet injections can be utilized for the treatment of severe neck pain of facet origin when conservative treatments with medications and physical therapy (PT) have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical facet syndrome. The patient is no longer responding to massage, PT and medications treatments. There is no clinical finding of residual cervical radiculopathy after the cervical fusion surgeries. The criteria for C3-C4, C4-C5 facet blocks was met; therefore, this request is medically necessary.