

Case Number:	CM14-0204869		
Date Assigned:	12/17/2014	Date of Injury:	02/07/2007
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 50-year-old woman with a date of injury of 02/07/2007. The submitted and reviewed documentation did not identify the mechanism of injury. An AME report dated 11/19/2012 (the most recent submitted clinical record) indicated the worker was experiencing cervical pain with associated migraine-like headaches, blurred vision, and nausea with vomiting; abdominal discomfort with alternating constipation and diarrhea; irregular menses; pain throughout the worker's body but especially the head, neck, arms, and knees; and decreased sexual drive. The supplemental reports dated 12/02/2013 and 12/09/2014 was also reviewed. The documented examination described right facial nerve paralysis, tenderness throughout the abdomen, and tender spots throughout the limbs reportedly consistent with fibromyalgia. The submitted and reviewed documentation concluded the worker was suffering from fibromyalgia, an unspecified upper gastrointestinal tract impairment, an unspecified lower gastrointestinal tract impairment, a history of hemorrhoids and an unspecified anal disorder, a history of headaches, a history of poor sleep, and a history of decreased sexual abilities. The supplemental reports also suggested the worker was suffering from bilateral cervical facet syndrome and mechanical neck/axial pain. Treatment recommendations included a blood test for fibromyalgia, an abdominal ultrasound, and other laboratory blood tests. A Utilization Review decision was rendered on 11/19/2014 recommending denial for a diagnostic bilateral cervical facet injection medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral cervical facet injection medial branch block.: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174 and 181; 300 and 307.

Decision rationale: The MTUS Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The most recent submitted clinical documentation concluded the worker was suffering from fibromyalgia, an unspecified upper gastrointestinal tract impairment, an unspecified lower gastrointestinal tract impairment, a history of hemorrhoids and an unspecified anal disorder, a history of headaches, a history of poor sleep, and a history of decreased sexual abilities. The supplemental reports also suggested the worker was suffering from bilateral cervical facet syndrome and mechanical neck/axial pain. These records did not describe special circumstances that sufficiently supported the use of this treatment in this setting. In the absence of such evidence, the current request for a diagnostic bilateral cervical facet injection medial branch block is not medically necessary.