

Case Number:	CM14-0206327		
Date Assigned:	12/18/2014	Date of Injury:	07/17/2013
Decision Date:	02/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

This patient is a 28 year old male with a date of injury of 7/7/13. According to progress report dated 11/7/14, the patient presents with chronic neck and low back pain. The patient complains of numbness in the right foot and right arm. Treatment history includes medications, acupuncture, physical therapy, and chiropractic treatments. MRI of the cervical spine from 11/30/13 revealed small central protrusions at C5-C6 and C6-C7 without associated stenosis. Examination of the cervical spine revealed tenderness bilaterally in the cervical facets in the upper part of the cervical spine at the base of the occiput and the next level. Flexion was normal and extension was limited by 40% and painful at the end of range. There was no focal, sensory, motor or reflex deficit in the upper or low extremities. The listed diagnoses are: 1. Sprain/strain lumbar region 2. Cervical sprain/strain facet syndrome 3. Sprain in knee The treating physician states that the patient's "pain in the neck is specifically limited to occipital C1 to C1-C2 joint," and he believes that a diagnostic injection would be indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet joint injection occipito - C1 & C1-C2 with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Blocks Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter regarding Facet joint Diagnostic blocks; Neck and Upper Back chapter for cervical facet joint diagnostic blocks.

Decision rationale: This patient presents with chronic neck and low back pain. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as, "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings." ODG has the following under the low back chapter regarding Facet joint Diagnostic blocks, "The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." The patient suffers from neck pain that is not radicular in nature and a diagnostic block may be considered; however, the treating physician has made a request for a facet injection under IV sedation and which is not generally recommended unless the patient has extreme anxiety. The medical records provided no discussion of such concern. The current request is not supported by the ODG guidelines and is not medically necessary.