

Case Number:	CM14-0208410		
Date Assigned:	12/22/2014	Date of Injury:	04/06/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 04/06/2012. The date of the utilization review under appeal is 12/04/2014. On 11/19/2014, the patient was seen in primary treating physician followup. The patient was noted to have a history of chronic neck pain with radicular symptoms as well as thoracic pain with radicular symptoms and chronic neck pain. An MRI of 11/10/2014 was noted to show external defects at C6-C7 extending laterally on the right and resulting in moderate right neural foraminal exit zone compromise. The treatment plan included a request for bilateral C4-5 and C5-6 cervical facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Injection (Steroid); Bilateral C4-5 under Fluoroscopic Guidance and Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated11/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Diagnostic Blocks.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 174, states that invasive techniques, such as intraarticular facet injections, are of limited benefit. Moreover, Official Disability Guidelines/Treatment in Workers Compensation/Neck discusses facet joint diagnostic blocks and states that such treatment should be limited to patients with cervical pain which is nonradicular. Thus, the treatment guidelines in general do not recommend intraarticular facet blocks, as has been requested in this case. Moreover, when the treatment guidelines do recommend treatment for cervical radicular pain, indications include the absence of radicular symptoms or findings; however, in this case the records do clearly indicate the presence of radicular symptoms and findings. For these multiple reasons, the request is not supported by the treatment guidelines. This request is not medically necessary.

Cervical Facet Joint Injection (Steroid) Bilateral C5-6 Under Fluoroscopic Guidance and Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Diagnostic Blocks.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 174, states that invasive techniques, such as intraarticular facet injections, are of limited benefit. Moreover, Official Disability Guidelines/Treatment in Workers Compensation/Neck discusses facet joint diagnostic blocks and states that such treatment should be limited to patients with cervical pain which is nonradicular. Thus, the treatment guidelines in general do not recommend intraarticular facet blocks, as has been requested in this case. Moreover, when the treatment guidelines do recommend treatment for cervical radicular pain, indications include the absence of radicular symptoms or findings; however, in this case the records do clearly indicate the presence of radicular symptoms and findings. For these multiple reasons, the request is not supported by the treatment guidelines. This request is not medically necessary.