MAXIMUS Federal Services

Case Number:	CM14-0217944		
Date Assigned:	01/07/2015	Date of Injury:	10/31/2013
Decision Date:	04/01/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: California, Arizona
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 injured worker is a 49-year-old female who reported an injury on 10/31/2013. The mechanism of injury was a fall. Her diagnoses is noted as neck pain, facet joint pain of the cervical spine, cervical degenerative disc disease, myalgia and chronic pain syndrome. Her past treatments were noted to include physical therapy, acupuncture, acupressure, massage therapy, medication and activity modification. Her diagnostic studies were noted to include an MRI of the cervical and thoracic spine, performed on 03/10/2014. Her surgical history was not provided. During the assessment on 11/21/2014, the injured worker complained of neck pain. She described the pain as aching and stabbing and rated the pain a 9/10 without medication and a 5/10 with medication. She indicated the pain was worse with prolonged standing, daily activities and rotating of the neck. The physical examination of the cervical spine revealed negative and gross deformity, edema or erythema. There was 5/5 bilateral upper extremity strength with sensation intact and equal. There was no clonus or increased tone noted. The Hoffman's sign was negative bilaterally. There was tenderness over the cervical paraspinal muscles, left greater than the right. There was tenderness over the facet joints. Cervical range of motion was reduced in all planes, especially with extension and rotations. Her medications were noted to include Celexa 40 mg, Protonix 20 mg, Zantac once a day, oxycodone 30 mg, vitamin C 100 mg and a multi vitamin. The treatment plan was to continue with the current pain medication. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Steroid Injection at Left C6-7 under Fluoroscopic Guidance and Conscious Sedation: 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) Neck & Upper Back, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for cervical facet joint steroid injection at left C6-7 under fluoroscopic guidance and conscious sedation is not medically necessary. The Official Disability Guidelines indicate the criteria for facet joint diagnostic block includes documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDS, prior to the procedure for at least 4 to 6 weeks. There must also be physical findings such as axial neck pain, and there was no radiation or rarely past the shoulders; tenderness to palpation in the paravertebral areas; decreased range of motion, particularly with extension and rotation, absence of radicular and/or neurologic findings. The clinical documentation indicated that the MRI performed on 03/10/2014, was noted to reveal facet joint dysfunction at the level of C5-6 and C6-7. The injured worker was noted not to report any radicular symptoms down the arms and had axial pain and referral patterns suggestive of cervical facet mediated pain. However, the clinical documentation did not indicate that the injured worker failed at least 4 to 6 weeks of conservative treatment prior to the request for the injections. Given the above, the request is not medically necessary.