

Case Number:	CM14-0084645		
Date Assigned:	07/21/2014	Date of Injury:	08/29/1964
Decision Date:	04/14/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 73-year-old male, who sustained an industrial injury on August 29, 1964. The initial symptoms reported by the injured worker were not included in the medical record. The injured worker was diagnosed as having cervical radiculopathy, cervical spondylosis and fibromyalgia/myositis. Treatment to date has included diagnostic studies, surgery, TENS unit, physical therapy, traction, chiropractic treatment and medications. Currently, the injured worker complained of pain in the right side of the neck more than the left. It radiates and sometimes causes headaches. The pain was rated as a 2 on a 1-10 pain scale. He rated it as a 9/10 on the pain scale at worst. He described his pain as aching, annoying, constant, intense, radiating, sore and severe. Physical examination of the cervical spine revealed right paraspinous tenderness. Range of motion of the cervical spine produced pain. The treatment plan included gentle exercises and possible right-sided C3-C6 cervical facet injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical spine facet block C3-C6 under fluoroscopy and anesthesia x1 to be done at [REDACTED] ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, cervical spine facet block C3 - C6 with fluoroscopy and anesthesia time's one is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular; at no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical spondylosis; and fibromyalgia/myositis. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. Documentation indicates the injured worker has a cervical radiculopathy. Facet joint locks are limited to no more than two levels at one session. The treating physician requested cervical spine facet blocks from C3 through C6. This consists of three levels (C3 - C4, C4 - C5, and C5 - C6). Sedation is not recommended for facet joint injections because it may alter the anesthetic diagnostic response. Consequently, the clinical documentation indicates the injured worker has a cervical radiculopathy, the treating physician is requesting a three level facet joint block, and anesthesia is not clinically indicated based on the potential alteration of the anesthetic diagnostic response. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, cervical spine facet blocks C3 - C6 with fluoroscopy and anesthesia time's one is not medically necessary.