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| Case Number: | CM15-0004042 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 06/14/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female who reported an injury on 06/14/2013 due to an unspecified mechanism of injury. On 11/13/2014, the injured worker presented for a followup evaluation. It was noted that she had undergone an MRI of the cervical spine which was reportedly consistent with a small left paracentral osteophyte complex at the C3-4, partially effacing the ventral CSF space without foraminal stenosis. A physical examination of the cervical spine showed diffuse tenderness to the post cervical musculature and discomfort with radiation of pain to the right and to the paracervical area on rotation to the left. She was diagnosed with cervical disc osteophyte complex at the C3-4 level. The information regarding prior treatments was not provided. The treatment plan was for a trial of cervical facet blocks and/or epidurals at the C3-4. The rationale for treatment was to alleviate the injured worker's cervical spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Cervical Facet Block and/or Epidural at C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46.

Decision rationale: ACOEM guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. The California MTUS Guidelines indicate that epidural steroid injections should be performed only when there is evidence of radicular pain that is corroborated by imaging studies and when all other appropriate pain treatment modalities have been tried and failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine. However, there is a lack of documentation showing that she has tried and failed other recommended conservative care options to support the request for a cervical facet block or an epidural injection. Also, an epidural injection would not be supported, as there is no evidence of radicular symptoms by physical examination or imaging studies. Furthermore, there is a lack of evidence showing that the injured worker would be undergoing recommended conservative care with a functional restoration approach in conjunction with the cervical facet block therapy. Moreover, cervical facet blocks and epidural steroid injections are not permitted to be done on the same day. Therefore, the request is not supported. As such, the request is not medically necessary.