

Case Number:	CM15-0008923		
Date Assigned:	01/26/2015	Date of Injury:	08/09/2000
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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, 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 62-year-old male who reported an injury on 10/04/2002 due to an unspecified mechanism of injury. On 12/04/2014, he presented for a followup evaluation and medication management. He continued to complain of flareup of his neck pain that was on and off and would go into the upper back and both right and left mid trapezius and scapular areas. It was stated that he had undergone a cervical spine RFA which reduced neck pains by at least 50% and increased his sitting capacity for at least 4 to 5 months. He rated his pain at a 5/10 at its least, average 7/10 and worst 9/10. His medications included Norco, morphine sulfate, Naprosyn, Testim 1% gel, Lisinopril, and Zovirax. A physical examination showed he had difficulty turning his head to the left during the interview. There was point tenderness to light palpation over the mid lower cervical facets and he had significantly reduced neck rotation particularly on the left. The treatment plan was for a cervical facet injection under fluoroscopy and sedation for the bilateral from C4-6. The rationale for treatment was to alleviate the injured workers pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Injections, Fluoroscopy and Sedation - Bilateral from C4-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (acute & chronic) (updated 11/21/2014)

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 Injections.

Decision rationale: According to the Official Disability Guidelines, facet joint diagnostic blocks should only be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. It is also stated that symptoms should be consistent with facet joint pain signs and symptoms and there should be documentation of failure of conservative treatment. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the neck and upper back. However, there is a lack of documentation showing that he has tried and failed recommended conservative therapy for at least 4 to 6 weeks prior to the request to support the requested intervention. Also, there is a lack of evidence stating there would be an additional radiofrequency neurotomy performed if there was a satisfactory response to the cervical facet injections. Therefore, the request is not supported. As such, the request is not medically necessary.