

Case Number:	CM15-0101706		
Date Assigned:	06/04/2015	Date of Injury:	03/22/1996
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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

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:

This 62-year-old female sustained an industrial injury to the cervical spine on 3/22/96. Previous treatment included cervical fusion times two and medications. In a neurosurgery consultation dated 4/29/15, the injured worker complained of neck pain and headaches with radiation to bilateral upper extremities, rated 4-5/10 on the visual analog scale. The physician noted that magnetic resonance imaging cervical spine showed disc height narrowing at C3-4 with spinal canal stenosis that was worse when compared to previous magnetic resonance imaging. Physical exam was remarkable for tenderness to palpation in the mid cervical spine, pain upon range of motion, bilateral deltoid strength 4/5 and decreased sensation to light touch in the left deltoid. The physician noted that the injured worker had severe foraminal stenosis and facet arthropathy of C3-4 with cervical spine radiculopathy of the C4 distribution. Current diagnoses included cervical spine spondylosis and cervical stenosis. The treatment plan included facet injections for both diagnosis and therapeutic purposes and x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection bilateral C3-4: 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 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

Decision rationale: Diagnoses include cervical radiculopathy with severe foraminal stenosis. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The patient exhibits chronic symptoms of radiculopathy on clinical findings along with MRI findings with stenosis. Submitted reports have no indication for failed conservative trial for diagnoses of cervical radiculopathy. Criteria per Guidelines have not been met. The Facet injection bilateral C3-4 is not medically necessary and appropriate.