

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0016905 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 01/27/2010 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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:

The injured worker is a 61-year-old male, with a reported date of injury of 11-04-2000. The diagnoses include chronic cervical pain with multilevel degenerative disc disease and cervical sprain. Treatments and evaluation to date have included Vicodin, Elavil, Omeprazole, Fioricet, Ultram, Tylenol, and Advil. The diagnostic studies to date have not been included in the medical records. The progress report dated 09-23-2015 indicates that the injured worker continued to have neck pain, back pain, and headaches. The injured worker's pain ratings were not indicated. The objective findings include anteflexion of the head on the neck allowed for 45 degrees of flexion; cervical extension at 20 degrees; rotation to the left at 60 degrees; rotation to the right at 60 degrees; and paracervical tenderness from C2 to C7-T1. The injured worker was on limited duty status. The request for authorization was dated 09/24/2014. The treating physician requested cervical intra-articular facet injections at C2-3, C3-4, and C4-5. On 01-09-2015, Utilization Review (UR) non-certified the request for cervical intra-articular facet injections at C2-3, C3-4, and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical intra-articular facet injections at C2-3, C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, Follow-up Visits.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, nerve injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis, performed over 2 joint levels concurrently (C2, C3, C4, C5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Cervical intra-articular facet injections at C2-3, C3-4 and C4-5 is not medically necessary and appropriate.