MAXIMUS Federal Services

Case Number:	CM15-0138614		
Date Assigned:	07/28/2015	Date of Injury:	08/05/1999
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This 61-year-old woman sustained an industrial injury on 8/5/1999. The mechanism of injury is not detailed. Evaluations include undated cervical spine x-rays. Diagnoses include cervical facet arthropathy. Treatment has included oral medications and surgical interventions. Physician notes dated 6/9/2015 show complaints of neck pain and headaches. Recommendations include bilateral cervical facet injections and possible future rhizotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4 facet joint diagnostic block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: Per the ACOEM guidelines: There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who

had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (24, 28). Caution is needed due to the scarcity of high-quality studies. Per the table on p181, cervical facet injection of corticosteroids and diagnostic blocks are not recommended. As the requested treatment is not recommended, the request is not medically necessary.