

Case Number:	CM15-0148422		
Date Assigned:	08/11/2015	Date of Injury:	08/19/2010
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency Medicine

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 60 year old male who sustained an industrial/work injury on 8-19-10. He reported an initial complaint of neck pain with associated headaches. The injured worker was diagnosed as having C3-4 and C4-5 facet arthropathy, moderate right foraminal stenosis, status post C5-6 fusion, left knee degenerative joint disease, and lumbago of the lower extremity paresthesias. Treatment to date includes medication, surgery (radiofrequency thermocoagulation neurolysis of the right C2-4 and left C2-4 medial branches), and cervical facet joint injection on 1-19-15. MRI results were reported on 2-5-13. CT scan results were reported on 2-6-13. X-ray results were reported on 6-20-14. Currently, the injured worker complained of ongoing neck pain and headaches rated 8 out of 10 without medication and 7 out of 10 with medication. Per the primary physician's report (PR-2) on 6-22-15, exam noted sensation was intact to the bilateral upper extremities; motor strength was graded at 5 out of 5; reflexes intact, orthopedic testing revealed local pain, and mild to moderate effusion to the left knee with varus deformity. The requested treatments include Facet Blocks at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks at C5-6: 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): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back: Facet joint diagnostic blocks.

Decision rationale: As per ACOEM guidelines, facet blocks may be an option prior to neurotomies but guidelines only provide very basic statements concerning the procedure. Official Disability Guidelines were reviewed for more definitive criteria. As per ODG, any injections such as facet blocks are not recommended at sites with prior fusion at the site to be injected. Patient had spinal fusion at the site being requested. Facet block at C5-6 is not medically necessary.