

Case Number:	CM15-0161800		
Date Assigned:	08/27/2015	Date of Injury:	10/31/1995
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 70 year old male with an October 31, 1995 date of injury. A progress note dated July 20, 2015 documents subjective complaints (persistent pain in the neck), and current diagnoses (cervicalgia; cervical spondylosis). A progress note dated June 1, 2015 documented objective findings (decreased range of motion of the cervical spine). Treatments to date have included medications, imaging studies, and cervical spine fusion. The treating physician documented a plan of care that included facet joint injections at the C3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injection at right C3-4 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back chapter - Facet joint pain, Facet joint blocks (injections).

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work-related injury in October 1997 and is being treated for neck pain after an anterior cervical decompression and fusion at C6-7. When seen, SPECT scan results were reviewed and had shown marked right sided uptake at C3-4 and mild to moderate left sided uptake at C5-6. He was having predominantly right sided neck pain without arm symptoms. Physical examination findings included vital signs with a normal BMI. Facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, there are no physical examination findings such as facet tenderness or positive facet loading testing that support a diagnosis of cervical facet mediated pain. Additionally, guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to consideration of facet neurotomy. The requested series of cervical facet injections do not meet the necessary criteria and are not medically necessary.