MAXIMUS Federal Services

Case Number:	CM15-0164251		
Date Assigned:	09/01/2015	Date of Injury:	03/08/2012
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 55-year-old female who sustained an industrial injury on 03-08-2012 due to a fall. Diagnoses include severe degenerative disc disease and moderate to severe spondylosis of the cervical spine at C5-6 and C6-7; mild degenerative disc disease and spondylosis at C4-5; moderate to severe degenerative disc disease at L5-S1; and history of left leg deep vein thrombosis, taking anticoagulant. Treatment to date has included medication, trigger point injection, physical therapy, acupuncture, right shoulder injection, TENS unit and Aspen brace. According to the progress notes dated 5-21-2015, the IW (injured worker) reported constant neck pain with associated headaches. The pain was worse with rotation of the neck, especially to the left. There was radiation of pain up the right side of the head and down to the right scapular region. She also had complaints of low back pain with intermittent radiation down the backs of both legs to the soles of her feet; she stated her legs were numb every day and felt "uncontrollable". She also reported pain in the right shoulder and upper extremities. She rated her pain 5 out of 10 with her medications and 10 out of 10 without them. She was unable to care for her house and she had fallen in the shower. Her husband assisted her with all activities and she used a shower chair for safety. On examination, there was tenderness and guarding in the cervical paraspinal musculature, particularly over the posterior elements of the C5-6 and C6-7 segments. Range of motion was decreased due to pain, which was increased with extension and rotation. There was tenderness and guarding in the lumbar paraspinal musculature, more so over the posterior L5-S1 segment. Neurovascular examinations of the upper and lower extremities were intact. She had a history of left lower extremity blood clots and was taking Xarelto. X-rays

of the cervical spine showed multilevel degenerative disc disease with significant marginal osteophytosis at multiple levels, starting at C4-5, C5-6 and C6-7; spondylosis at C5-6 with significant neural foraminal narrowing on the right. X-rays of the lumbar spine showed severe disc height loss at L5-S1 with retrolisthesis of L5 on S1 and significant facet arthropathy at L5-S1 bilaterally. A request was made for cervical facet block bilateral at C5-6 and C6-7; and lumbar facet block at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet block bilateral at C5-6 and C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: Per the guidelines, there is limited evidence that cervical facet blocks may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Caution is needed due to the scarcity of high-quality studies. Though the history and exam do suggest radicular pathology, there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of a cervical facet block bilateral at C5-6 and C6-C7. The request is not medically necessary.

Lumbar facet block at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Per the guidelines, invasive techniques such as joint injections and facet blocks are of questionable merit in low back pain. Though the history and exam do suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of Lumbar facet block at L5-S1. The request is not medically necessary.