MAXIMUS Federal Services

Case Number:	CM15-0165154		
Date Assigned:	09/02/2015	Date of Injury:	09/09/2009
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 09-09-2009. Mechanism of injury occurred when he was lifting a mattress and experienced right shoulder pain. Diagnoses include neck pain, cervical disc pain, bilateral carpal tunnel, right ulnar neuropathy, right shoulder pain, status post biceps tenodesis, acromioclavicular arthritis, chronic pain syndrome, and myofascial pain. Treatment to date has included diagnostic studies, medications, shoulder injections, physical therapy, and a home exercise program. His medications included Tramadol ER and Gabapentin. A Magnetic Resonance Imaging of the cervical spine done on 04-28-2015 showed diffuse cervical spondylosis most severe at the C4-5 level and mild disc osteophyte complex which indents the ventral cord resulting to mild to moderate central stenosis. There was minimal right sided foraminal narrowing present. At C3-4 and C5-6 there was a mild disc osteophyte complex which resulted in mild foraminal stenosis with flattening of the ventral cord. The latest urine drug screen done on 07-01-2015 was consistent with medications. An Electromyography and Nerve Conduction Velocity was done on 06-19-2014 revealed bilateral carpal tunnel, right ulnar neuropathy across the cubital fossa and peripheral sensory neuropathy. He is not working. A physician progress note dated 07-30-2015 documents the injured worker complains of neck, right shoulder and right upper extremity pain. He rates his pain as 9-10 out of 10 without medications and 7-8 out of 10 with medications. Spurling's sign was positive on the right. There was tenderness over the cervical paraspinals, right more than left. There was tenderness over the facet joints, right more than left, at C3-4 and C4-5. Cervical spine range of motion was restricted in all planes. Drop arm test was

positive on the right and negative on the left. The ulnar dermatome was diminished in the right hand. Treatment requested is for cervical facet injections to C3-4 and C4-5 with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injections to C3-4 and C4-5 with conscious sedation and fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet injections.

Decision rationale: Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%;. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation and the request is not medically necessary.