

Case Number:	CM15-0181162		
Date Assigned:	09/22/2015	Date of Injury:	10/10/2014
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 10-10-2014. Work status is not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for chronic neck pain and cervical degenerative disc disease. Treatment and diagnostics to date has included physical therapy, heat, and medications. Current medications include Norco, Amlodipine, and Famotidine. In a progress note dated 07-22-2015, the injured worker reported "severe" neck pain. Objective findings included tenderness to palpation over the C3-4 and C4-5 facet joints and positive axial load testing. The treating physician noted that the cervical spine MRI was significant for "at C5-C6 and C6-C7, there are paracentral disc protrusions, at C5-C6 to the left and C6-C7 to the right. There is multilevel foraminal stenosis. There is multilevel facet arthropathy." The Utilization Review with a decision date of 08-18-2015 non-certified the request for Injection: C3-4, C4-5 Facet to multiple upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Injection C3-4, C4-5 Facet multiple upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for 1 Injection C3-4, C4-5 Facet multiple upper extremities, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Guidelines also state there should be no evidence of radicular pain, spinal stenosis, or previous fusion. For facet joint therapeutic steroid injections, guidelines state they are not recommended. Within the documentation available for review, the requesting physician has asked for multiple upper extremities to be injected at the same time as the facet injection, this request is unclear. Additionally, it is unclear if NSAIDs have been tried. Finally, the patient has an MRI showing disc bulges and foraminal stenosis, this sounds like spinal stenosis though the MRI report is not available for review and it is unclear if the physician is asking for a medial branch block or asking to do a therapeutic injection; if it was the latter then it would not be recommended by guidelines. In the absence of clarity regarding these issues, the currently requested 1 injection C3-4, C4-5 facet multiple upper extremities is not medically necessary.