

Case Number:	CM15-0196629		
Date Assigned:	10/12/2015	Date of Injury:	12/09/2013
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California

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:

This is a 55 year old female who sustained a work-related injury on 12-9-13. Medical record documentation on 9-21-15 revealed the injured worker was being treated for cervical spine disc protrusion 4 mm at C5-6 with right-sided C6 radiculopathy and left side C8 radiculopathy and for left knee internal derangement. She reported pain in her neck and noted difficulty moving her neck especially when looking up. She reported frequent headaches. Objective findings included spasm of the bilateral trapezial area, increased on the right side. She had increased pain with range of motion and mild crepitus was elicited with motion. There was paraspinal tenderness noted. Her cervical spine range of motion included flexion to 45 degrees, extension to 30 degrees, bilateral lateral bending to 20 degrees, and bilateral rotation to 60 degrees. A cervical epidural steroid injection to bilateral C5-7 on 8-22-14 provided minimal (5-20%) overall improvement post-procedure. On 9-28-15 the injured worker reported cervical pain. She had bilateral spasm of the trapezius muscles and cervical spine tenderness to palpation over C5-7. Her cervical range of motion was limited with flexion to 40 degrees and extension to 15 degrees. Facet signs were present in the bilateral cervical spine. A request for one cervical facet block with pain management was received on 9-25-15. On 10-2-15, the Utilization Review physician determined one cervical facet block with pain management was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical facet block with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: According to the guidelines, facet blocks are not indicated for those with radiculopathy. The claimant had sensory changes in the digits of the hand. The claimant C5-C6 radiculopathy for which the claimant received a prior ESI. The level of facet injection was not specified. The request for a cervical facet block is not medically necessary.