

Case Number:	CM15-0026893		
Date Assigned:	02/18/2015	Date of Injury:	11/03/2009
Decision Date:	03/30/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on November 3, 2009. The diagnoses have included cervical spinal stenosis and carpal tunnel syndrome. A functional evaluation dated July 17, 2014 provided the injured worker complains of left arm pain with weakness. He has had cervical decompression and fusion C4-7 previously. Physical exam notes tenderness with spasm of cervical spine and decreased sensation in the hands with tingling. On February 6, 2015 utilization review non-certified a request for facet block of the cervical spine at C4-C6. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block of the cervical spine at C4-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 20155, Neck and upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck pain Page(s): 174-175. Decision based on Non-MTUS Citation Neck pain and facet blocks

Decision rationale: According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. In this case, the claimant had already received an epidural injection in December 2014. IN addition facet pathology is considered if there are no radicular symptoms. In this case, the claimant did abnormal sensation in the hands. An MRI on 11/30/12 did not indicate facet pathology. vical spine. Based, on the above, the facet block is not medically necessary.