

Case Number:	CM15-0216864		
Date Assigned:	11/06/2015	Date of Injury:	01/15/1997
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 1-15-1997. The injured worker was being treated for degeneration of cervical intervertebral disc. The injured worker (7-7-2015) reported ongoing neck pain. The physical exam (7-7-2015) revealed no tenderness of the cervical spine and limited cervical range of motion. The injured worker (9-18-2015) reported cervical spine aching sensation radiating to the right shoulder girdle. The physical exam (9-18-2015) revealed tenderness of the right greater than left cervical paravertebral area around C4-5 (cervical 4-5), C5-6 (cervical 5-6), and C6-7 (cervical 6-7). The treating physician noted neck flexion of 50 degrees, extension of 40 degrees, and bilateral rotation of 60 degrees with pain. The treating physician noted reproduction of pain on the ipsilateral side of movement, right greater than left. The electrodiagnostic studies (1-21-2015) stated there was no "convincing evidence of cervical radiculopathy." The MRI of the cervical spine (3-2-2015) indicated stable mild compression at C6 and stable mild deformity at C5 and is likely from prior surgery. The MRI indicated there were degenerative changes at C4-5 with a left central and foraminal disc protrusion resulting in mild central canal stenosis and a central disc bulge at C6-7 resulting in mild central canal stenosis. Surgeries to date have included cervical fusion at C5-6. Treatment has included a left C5-6 transforminal epidural steroid injection, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including anti-epilepsy, pain, and non-steroidal anti-inflammatory. Per the treating physician (9-18-2015 report), the injured worker is permanent and stationary. On 9-23-2015, the requested treatments included cervical spine facet injections bilaterally to C4-5 and C6-7 with moderate sedation and fluoroscopy. On 9-30-2015, the original

utilization review non-certified a request for cervical spine facet injections bilaterally to C4-5 and C6-7 with moderate sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine facet injections bilaterally to C4-5/C6-7 with moderate sedation and fluoroscopy: 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 and upper back-Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/facet blocks.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue in detail and one of the key recommendations is the avoidance of sedation and even the use of opioids is not recommended prior to the planned procedure. This recommendation is to avoid interference with interpretation of the effects of the local anesthetic used. The request includes moderate sedation which is contrary to Guideline recommendation and no unusual circumstances are documented to support an exception to the Guideline recommendations. Under this circumstance, the request for the Cervical spine facet injections bilaterally to C4-5/C6-7 with moderate sedation and fluoroscopy is not supported by Guidelines and is not medically necessary.