

Case Number:	CM15-0216989		
Date Assigned:	11/06/2015	Date of Injury:	05/18/2013
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
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: Physical Medicine & Rehabilitation

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 with an industrial injury date of 05-18-2013. Medical record review indicates he is being treated for cervicgia, cervical radiculopathy, cervical facet joint syndrome, cervical degenerative disc and cervical bulging disc. Subjective complaints (09-25-2015) included increasing pain in the left aspect of the cervical spine. The injured worker reported it had been one year since his last epidural injection. He reported he re-injured his injury after returning to work. Other complaints included he was unable to turn his head to the left. His pain was rated as 5 out of 10. Work status is documented (09-25-2015) as off work times 4 weeks from 09-21-2015-10-23-2015. Prior treatments included cervical epidural injection and trigger point injections. MRI (12-13-2013) documented in the 09-25-2015 progress note is as follows: Degenerative disc and bony changes with disc protrusions; Cervical 2-3 there is no narrowing of the canal or neural foramen; Cervical 3-4 has mild narrowing of the canal with moderate to severe bilateral neural foramen narrowing; Cervical 4-5 has essentially complete effacement of the cerebral spinal fluid (CSF) space surrounding the cord, but no cord remodeling is present. Slight retrolisthesis cervical 4-5. There is severe bilateral neural foramen narrowing and distortion; Cervical 5-6 has partial effacement of the CSF space surrounding the cord with moderate to severe right and severe left neural foramen narrowing; Cervical 6-7 has partial effacement of the CSF space surrounding the cord with moderate bilateral neural foramen narrowing; Cervical 7-thoracic 1 has no narrowing of the canal or neural foramen. Objective findings (09-25-2015) noted tenderness over the paraspinal muscles from cervical 3-4 to cervical 6-7 on the left. Multiple trigger points were palpated over cervical and thoracic paraspinal

muscles. There was limited range of motion. Trigger points were palpated at left trapezius, left rhomboid and left latissimus dorsi. On 10-28-2015, the request for cervical facet joint injection at right cervical 4-5, cervical 5-6 and cervical 6-7 under fluoroscopy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint injection at right C4-C5, C5-C6 and C6-C7 under fluoroscopy: 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, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic May 2013 injury. Additionally, nerve injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and nerve impingement, and performed over 2 joint levels concurrently, as noted here at C4, C5, C6, C7. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Cervical facet joint injection at right C4-C5, C5-C6 and C6-C7 under fluoroscopy is not medically necessary and appropriate.