

Case Number:	CM15-0044007		
Date Assigned:	03/13/2015	Date of Injury:	08/06/2009
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 64 year old male, who sustained an industrial injury on August 6, 2009. He has reported neck pain. Diagnoses have included cervical spine radiculopathy, cervical spine spondylosis, cervical spine degenerative disc disease, cervical spine facet joint pain, and anxiety. Treatment to date has included medications, home exercise, radio frequency ablation of the cervical spine, cervical spine medial branch block, and physical therapy. A progress note dated January 6, 2015 indicates a chief complaint of increased neck pain. The treating physician documented a plan of care that included medications and daily exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Injection under Fluoroscopy and Ultrasound C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174,181, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines neck chapter: Facet joint signs and symptoms.

Decision rationale: According to the 10/17/2014 report, this patient presents with intermittent neck pain and bilateral shoulder pain. The current request is for Cervical Facet Joint Injection under Fluoroscopy and Ultrasound C5-6. The request for authorization is on 02/10/2015 and the patient's work status is "P&S. Has found a part time job."ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The ODG guideline further states "One set of diagnostic medial branch blocks is required with a response of 70%."In reviewing the provided reports, the treating physician indicates that "the patient has had 2 sets of cervical facet injections in the past with significant response for a significant duration of time." In this case, the requested repeat facet block is not supported by the guidelines as the expectation is that the patient would proceed with RFA if the initial diagnostic injection was found beneficial. Therefore, the request IS NOT medically necessary.