

Case Number:	CM14-0124184		
Date Assigned:	08/08/2014	Date of Injury:	02/24/2004
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female with a 2/24/04 injury date. The mechanism of injury was not provided. In a follow-up on 6/26/14, subjective complaints included worsening neck pain, no paresthasias or numbness, and no bowel or bladder dysfunction. There is no radiation down the arms. The pain remains in the shoulders, trapezius, and subscapular areas, right worse than left. The pain is aggravated with most activities including working overhead. Objective findings included paracervical tenderness, positive cervical compression test, minimal pain with hyperextension and facet loading, and no motor or sensory deficits in the upper extremities. A cervical spine MRI on 11/5/13 showed multilevel degenerative disc disease with a slight kyphotic deformity at apex of C4-5, retrolisthesis of C4 on C3, significant spondylosis, and foraminal narrowing most prominent at right C3-4 and right C5-6. Diagnostic impression: cervical spondylosis. Treatment to date: C3-4 facet blocks (2011) without significant relief, physical therapy, chiropractic care, medications, and acupuncture. A UR decision on 7/21/14 denied the request for right side cervical diagnostic block at C4-5 on the basis that facet block injection are not recommended for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side cervical diagnostic block Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175; 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

Decision rationale: CA MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. MTUS does not recommend intrarticular injections for acute, sub-acute, and chronic regional neck pain. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, ODG states that regarding intra-articular blocks, 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 the present case, the patient has chronic neck pain without radiculopathy and has tried multiple treatment options without much success. A prior facet block at C3-4 was not very effective. The guidelines do not support cervical facet blocks for chronic neck pain, either for diagnostic or therapeutic purposes. Therefore, the request for Right Side Cervical Diagnostic Block, Qty 1, is not medically necessary.