

Case Number:	CM14-0140442		
Date Assigned:	10/06/2014	Date of Injury:	04/16/2003
Decision Date:	10/31/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 63-year-old female who sustained an injury on 04/16/03. As per the report of 07/09/14, she complained of tenderness over the facets about the left side with associated muscle spasms and cervical extension and rotation range loss. Her symptoms have remained the same as they had been in the past. In October 2012, she had left C4-5, C5-6 and C6-7 facet joint injections, which took away her symptoms, but symptoms have returned over the last couple of months. On 08/25/14, she indicated that she obtained greater than 80% symptomatic improvement from the last set of injections. The worker had diagnostic studies with documented facet arthropathy. Past treatments have included medications and exercise with no improvement. Diagnoses include cervical spondylosis and cervicalgia. There was no documentation regarding physical exam, urine drug screening reports, elaborate diagnostic reports, surgeries, or current medications. The request for outpatient left C4-5, C5-6, and C6-7 facet joint injections was denied on 08/01/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left C4-5, C5-6, C6-7 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute and Chronic), Facet joint diagnostic blocks

Decision rationale: According to the Official Disability Guideline, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the injured worker has had good response with cervical facet blocks in the past. Per guidelines, proceeding to medial branch block and then neurotomy is recommended. Moreover, three levels are requested which exceeds the guidelines recommendations. Also, there is no evidence of an adjunct plan of additional evidence-based activity and exercise. As such, the request is considered not medically necessary per guidelines.