

Case Number:	CM14-0171991		
Date Assigned:	10/23/2014	Date of Injury:	07/14/2005
Decision Date:	12/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 71-year-old female who reported injury on 07/14/2005. The mechanism of injury was not included. The injured worker was diagnosed with persistent cervicgia with bilateral cervical radiculitis, multilevel cervical central and foraminal stenosis, and multilevel cervical disc protrusions. Past treatments included physical therapy and epidural steroid injections noted at C5 and C7-T1. An MRI of the cervical spine, dated 06/06/2014, revealed multilevel disc bulges and disc protrusions at the levels of C3-4 to C6-7, with central canal and foraminal stenosis bilaterally, and no significant changes from 2011. The surgical history was not included. The progress note, dated 09/10/2014, noted the injured worker complained of continued pain in her neck radiating down to her bilateral thumbs, with numbness and tingling, and weakness of her upper extremities. She reported some relief from the epidural steroid injection of 08/25/2014, however, not as much relief as with previous epidural steroid injections. There were no objective findings documented. She was noted to be taking no medications. The treatment plan indicated facet injections. There was no rationale provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Diagnostic Blocks for Facet Nerve Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The request for facet blocks C5-6 is not medically necessary. The injured worker had unmeasured neck pain radiating down her bilateral upper extremities. The California MTUS/ACOEM Guidelines state cervical facet joint blocks and steroid injections are not recommended. The Official Disability Guidelines recommend facet joint blocks as a diagnostic tool prior to facet neurotomy, and recommend that it be a medial branch block. The criteria for use of diagnostic facet blocks indicate the patient should have cervical pain that is nonradicular; there should be documentation of failure of conservative treatments including home exercise, physical therapy and NSAIDs for at least 4 to 6 weeks and no more than 2 joint levels are to be injected in 1 session. There is a lack of documentation demonstrating the injured worker had findings upon physical examination consistent with facetogenic pain at C5-6. There is a lack of documentation indicating failure or exhaustion of conservative treatments including NSAIDs. Additionally, the type of block and side indicated for injection were not included in the request. As such, a cervical facet block at C5-6 is not supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.