

Case Number:	CM14-0097584		
Date Assigned:	07/25/2014	Date of Injury:	03/07/2013
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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 57-year-old male with a reported date of injury on 03/07/2013. The mechanism of injury was not submitted within the medical records. The injured worker is status post C4-6 ACDF, status post C4-5, C6-7, ACDF, right-sided vocal cord paralysis, and voice change. His previous treatments were noted to include medications and surgery. The injured worker indicated with the pain management doctor he only discussed pain medication. The progress note dated 05/18/2014 revealed the injured worker complained of severe pain with decreased range of motion to the cervical spine. The injured worker requested a pain management consult to discuss posterior facet blocks to the cervical spine. The injured worker was last seen by a pain management doctor who only discussed pain medication. The physical examination was documented as no change since the last visit. The provider indicated the pain management doctor did not discuss the posterior facet blocks, instead only discussed the pain medications. The Request for Authorization Form dated 05/22/2014 was for a pain management consultation for the cervical spine for possible posterior facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A PAIN MANAGEMENT SPECIALIST (POSSIBLE CERVICAL POSTERIOR FACET BLOCKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Diagnostic Blocks. Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a consultation with a pain management specialist (possible cervical posterior facet blocks) is not medically necessary. The injured worker complains of severe cervical pain with decreased range of motion. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet nerve pain is the clinical presentation should be consistent with facet joint pain signs and symptoms including unilateral pain that does not radiate past the shoulders. The signs in the cervical region are similar to those found in spinal stenosis, cervical strain, and discogenic pain. Characteristics are generally described as axial neck pain, tenderness to palpation in the paravertebral areas, decreased range of motion, and absence of radicular and/or neurologic findings. If radiation to the shoulder is noted in pathology then this region should be excluded. There is a lack of documentation consistent with facet signs and symptoms. The injured worker was seeing a pain management doctor and reported the doctor did not discuss the facet injections. However, due to the lack of clinical findings consistent with facet joint pain, a cervical posterior facet block is not indicated and therefore a consultation with a pain management specialist in regards to the cervical posterior facet block is not warranted at this time. Therefore, the request is not medically necessary.