MAXIMUS Federal Services

Case Number:	CM14-0213423		
Date Assigned:	01/16/2015	Date of Injury:	07/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 patient is a 29-year-old male with date of injury of 07/17/2013. The listed diagnoses from 11/07/2014 are: 1. Cervical sprain/cervical facet syndrome. 2. Rule out thoracic disk herniation. 3. Lumbar strain with facet arthropathy. According to this report, the patient complains of upper neck, lower thoracic, and back of the knee pain. His pain is always there, but fluctuates with different levels of activity. His pain in his knee is better with medication. The patient complains of numbness in his right foot and right arm. Examination shows tenderness bilaterally in the cervical facets. Extension in the cervical spine was limited by 40 degrees and painful at the end of range. Palpation of the lower part of the thoracic spine was exquisitely tender. He also had lower thoracic paraspinous muscle pain. Range of motion of the knees was within normal limits. Lumbosacral junction was also tender bilaterally. No focal, sensory, motor, or reflex deficit was noted in the upper and lower extremities. Treatment reports from 05/06/2014 to 01/09/2015 were provided for review. The Utilization Review denied the request on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilat C facet injection occipito C-1 and C1-C2 with fluoro guidance IV sedation:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Cervicogenic headache, facet joint diagnostic blocks, Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back chapter, Facet joint diagnostic blocks (injections)

Decision rationale: This patient presents with upper neck, lower thoracic spine, and back of the knee pain. The treater is requesting a BILATERAL C FACET INJECTION, OCCIPITAL-C1 AND C1-C2, WITH FLUORO GUIDANCE IV SEDATION. The ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The records do not show any previous bilateral facet injection in the cervical spine. The 12/04/2014 report notes palpation of the cervical facets in the upper part of the cervical spine was tender bilaterally. Flexion was normal. Extension was limited by 40 degrees and painful at end of range. The treater references an MRI of the cervical spine from 11/30/2013 that showed small central protrusions at C5-C6 and C6-C7 without associated stenosis. In this case, the patient does have paravertebral tenderness with non-radicular symptoms. The request IS medically necessary.