

Case Number:	CM15-0011793		
Date Assigned:	01/29/2015	Date of Injury:	05/22/2013
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 61-year-old male who reported an injury on 05/22/2013. The mechanism of injury was lifting and pushing. His diagnosis was noted as ulnar neuropathy, fasciitis, right trapezius, and cervical strain. His past treatments were noted to include physical therapy, trigger point injections, chiropractic therapy, surgery, and medication. Diagnostic studies were noted to include an unofficial MRI of the cervical spine performed on 10/08/2013, which was noted to reveal multilevel degenerative disc disease and facet disease, reversal of the cervical lordosis, severe right C2-3, moderate bilateral C3-4, mild bilateral C4-5 and C5-6, severe bilateral C6-7, and mid right C7-T1 foraminal stenosis. His surgical history was noted to include back surgery and bilateral knee surgery; dates performed not provided. During the assessment on 12/16/2014, the injured worker complained of pain on the right shoulder posterior aspect, and numbness in his 3rd and 4th finger on the right side. He indicated that the pain could be exacerbated by neck movement. The physical examination revealed cervical flexion of 75%, extension to 25%, lateral bending and rotation treatment plan 25%. Neck extension demonstrated pain on the right posterior scapular region. There was full range of motion in the bilateral upper extremities. His sensory was intact to the upper extremities, except the left 4th and 5th digit. His reflexes were mildly diminished on the right side at the biceps and brachioradialis and triceps compared to the left. His current medications were noted to include Norco 5/325 mg. The treatment plan was to request a right cervical facet diagnostic block for the C4-5, C5-6, and C6-7. The rationale for the request indicated that as the injured worker had attempted physical therapy without relief, this

was to aid with his right shoulder pain. The Request for Authorization form was dated 10/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection at the Right C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter

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 joint diagnostic blocks.

Decision rationale: The request for cervical facet injection at the right C4-5, C5-6 and C6-7 is not medically necessary. The Official Disability Guidelines indicate the criteria for the use of the diagnostic blocks for facet nerve pain include, documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The procedure must be limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. No more than 2 joint levels are injected in 1 session. The clinical documentation indicated that the injured worker had attempted physical therapy without pain relief. However, there was no indication that the injured worker had failed 4 to 6 weeks of conservative treatment prior to the request for the procedure. Furthermore, the guidelines indicate that no more than 2 joint levels are injected in 1 session, and the request as submitted is requesting levels C4-5, C5-6, and C6-7. Given the above, the request is not medically necessary.