

Case Number:	CM15-0017311		
Date Assigned:	02/05/2015	Date of Injury:	06/14/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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
 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:

This 57 year old female sustained a work related injury on 06/14/2013. According to a progress dated 12/16/2014, the injured worker complained of constant moderate to moderately severe neck pain with radiation into the right arm and with associated numbness and tingling sensation into the right hand, as well as shooting and burning sensation into the thumb of the right hand. She also reported anxiety, depression, stress and insomnia. She attended five to six sessions of physical therapy, but she discontinued therapy due to increased pain. Medication regimen included Soma and Norco. Diagnoses included status post anterior cervical decompression and fusion at C4 through C7 on 05/28/2014 doing well and rule out pseudoarthrosis at C4-C5. The provider noted that they were currently waiting for authorization of computed tomography imaging to rule out a possible pseudoarthrosis and a C4-C5 facet block with pain management. On 01/22/2015, Utilization Review non-certified pain management consultation for facet block at C4-5. According to the Utilization Review physician, guidelines state that diagnostic facet blocks would not be performed in patients who have had a previous fusion procedure at the planned level of injection. Guidelines cited for this review included CA MTUS ACOEM Chapter 7. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for facet block at C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations and ODG, Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127 Official disability guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks

Decision rationale: The patient presents with neck pain rated 06/10 with radiation into the right arm and with associated numbness and tingling sensation into the right hand as well as shooting and burning sensation into the thumb of the right hand. The request is for PAIN MANAGEMENT CONSULT FOR FACET BLOCK AT C4-5. The RFA provided is dated 12/16/14. Per progress report dated 12/16/14, the patient is approximately seven months status post three level anterior cervical decompression and fusion at the C4-5, C5-6, and C6-7 on 05/28/14. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, " (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. As documented in progress report dated 12/16/14, the patient has neck pain with radiation into the right arm and with associated numbness and tingling sensation into the right hand as well as shooting and burning sensation into the thumb of the right hand. ODG does not recommend diagnostic facet injections for patients that present with radicular symptoms. The requested pain management consult for C4-C5 facet block IS NOT medically necessary.