

Case Number:	CM15-0018440		
Date Assigned:	02/09/2015	Date of Injury:	11/27/2012
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male, who sustained an industrial injury on 11/27/12. He has reported pain in the neck, left shoulder and left elbow. The diagnoses have included cervical spine disease with disc protrusion and left cervical radiculopathy. Treatment to date has included cervical epidural, diagnostic studies and oral medications. As of the PR2 dated 10/30/14, the injured worker reported pain in the neck. He did have some improvement from the cervical injection he received 5 weeks ago. The treating physician requested bilateral cervical facet injections C5-C6, C6-C7. On 1/16/15 Utilization Review non-certified a request for bilateral cervical facet injections C5-C6, C6-C7. The utilization review physician cited the ODG guidelines for facet joint blocks. On 1/26/15, the injured worker submitted an application for IMR for review of bilateral cervical facet injections C5-C6, C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet injection at C5-C6 and C6-C7: Upheld

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

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, Updated November 18, 2014.

Decision rationale: The most recent progress note dated January 8, 2015 includes a recommendation for cervical spine facet blocks. However, the injured employee has received a recent cervical spine epidural steroid injection, which was stated to have resulted in well over 50% reduction of pain both in the neck and down the left arm. Considering the success with this epidural steroid injection, it is implied that cervical radiculopathy exists, which is an exclusionary criteria. This request for a bilateral cervical facet injection at C5 - C6 and C6 - C7 is not medically necessary.