

Case Number:	CM15-0113693		
Date Assigned:	06/22/2015	Date of Injury:	09/26/2006
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male, who sustained an industrial injury on September 26, 2006. Treatment to date has included medications, chiropractic therapy, physical therapy, and home exercise program. Currently, the injured worker complains of moderate to severe cervical spine pain with no radicular symptoms. He states that his pain is constant with ongoing headaches. He rates his pain a 5 on a 10-point scale. He reports that his pain is unchanged since his previous evaluation. On physical examination the injured worker exhibits an antalgic gait on the right and heel-toe walk exacerbates the antalgic gait. He has tenderness to palpation over the cervical facets and has a positive Spurling sign. He has decreased cervical spine range of motion and decreased sensation along the bilateral C5-C6 dermatomes. The diagnoses associated with the request include cervical disc disease and cervical radiculopathy. The treatment plan includes bilateral C5-C6 and C6-C7 facet joint injections, continuation of home exercises, Norco, Tramadol and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-C7 Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, 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 (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and continues to be treated for neck pain. He underwent an anterior cervical decompression and fusion at C5-6. When seen, he was having cervical and lumbar spine pain. Pain was rated at 5/10. There was multilevel facet tenderness. There was positive Spurling's testing and decreased upper extremity sensation. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of a C5-6 fusion and the C5-6 facet joints are to be included in the planned procedure. The request is not medically necessary.