

Case Number:	CM15-0120422		
Date Assigned:	06/30/2015	Date of Injury:	01/23/2015
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on 01/23/2015. The injured worker reported a cumulative trauma injury to the cervical spine and right upper extremity secondary to her daily work activities. The injured worker was diagnosed as having cervical spondylosis without myelopathy, cervical muscle spasms, and right shoulder pain. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated 06/08/2015 the treating physician reports complaints of constant, aching pain to the neck with stiffness, weakness, spasms, and headaches. Examination reveals spasms and tenderness at the cervical three through seven paraspinal muscles, bilateral cervical facet tenderness, decreased cervical range of motion, and decreased deep tendon reflexes to the brachioradialis and triceps regions. The injured worker's pain is rated a 7 to 8 out of 10. The treating physician also noted that the pain interferes with the injured worker's activities of daily living. The treating physician requested diagnostic bilateral cervical facet injection to cervical five to six and cervical six to seven, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Bilateral Facet injection C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Facet joint injection.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, diagnostic bilateral facet injection at C5 - C6 and C6 - C7 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; cervical muscle spasms; and right shoulder pain. The date of injury is January 23, 2015. The request for authorization is dated June 10, 2015. A progress note dated June 8, 2015 subjectively states the injured worker has ongoing neck pain. The pain score is 7-8/10. Objectively, there is paraspinal muscle spasm and tenderness at C3 - C7 with facet tenderness. There has been no physical therapy or conservative treatment to date. The treatment plan indicates the treating provider is going to start physical therapy. As a result, there is no failed conservative treatment documented in the medical record as a prelude to a diagnostic facet injection. Consequently, absent clinical documentation of failed conservative treatment, diagnostic bilateral facet injection at C5 - C6 and C6 - C7 is not medically necessary.