

Case Number:	CM15-0127433		
Date Assigned:	07/14/2015	Date of Injury:	07/05/2002
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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 50 year old female who sustained an industrial injury on 07/05/2002. Mechanism of injury was a slip and fall. Diagnoses include cervical facet arthropathy. Treatment to date has included diagnostic studies, status post anterior cervical discectomy and fusion in December of 2012; status post left knee surgery, facet injections, and physical therapy. On 02/05/2015 a Magnetic Resonance Imaging of the cervical spine revealed status post anterior fusion at C4-C6, multilevel degenerative disc disease and facet arthropathy, moderate canal stenosis at C3-4 and moderate bilateral neural foraminal narrowing at C4-5 and C6-7. A physician progress note dated 05/19/2015 documents the injured worker complains of continued neck pain radiating to her bilateral upper extremities. She presented after getting her bilateral facet joint injections. She was told that because she did get a couple of days of relief of her pain and numbness in her upper extremities and neck that she should have the facet joint injections repeated. If that gives her good relief she would be referred for C6-7 rhizotomies. Treatment requested is for Left C6-C7 facet joint injection with sedation Qty: 1, and Right C6-C7 facet joint injection with sedation Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6-C7 facet joint injection with sedation Qty: 1: 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), Low Back Chapter, Facet Injections.

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), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating neck pain. She underwent an anterior cervical decompression and fusion from C4-6. When seen, she had neck pain radiating into the upper extremities. There was been pain relief after facet injections which were performed on 04/08/15. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has radicular symptoms and does not meet the criteria for the requested procedure. Additionally, she has already had facet injections. If these were positive then treatment could proceed to facet neurotomy at the diagnosed levels. The requested repeat facet injection procedure is not medically necessary for this reason as well.

Left C6-C7 facet joint injection with sedation Qty: 1: 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), Low Back Chapter, Facet Injections.

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), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating neck pain. She underwent an anterior cervical decompression and fusion from C4-6. When seen, she had neck pain radiating into the upper extremities. There was been pain relief after facet injections which were performed on 04/08/15. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has radicular symptoms and does not meet the criteria for the requested procedure. Additionally, she has already had facet injections. If these were positive then treatment could proceed to facet neurotomy at the diagnosed levels. The requested repeat facet injection procedure is not medically necessary for this reason as well.