MAXIMUS Federal Services

Case Number:	CM15-0172289		
Date Assigned:	09/14/2015	Date of Injury:	08/27/2012
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 08-27-2012. The injured worker was diagnosed with chronic cervicalgia, status post closed head injury with headaches, status post cervical fusion and shoulder arthroscopy, chronic intractable pain with narcotic tolerance and depression. The injured worker underwent a C3-6 anterior cervical discectomy and fusion on September 15, 2014 and a left shoulder arthroscopy and rotator cuff repair. According to the primary treating physician's progress report on July 23, 2015, the injured worker continues to experience neck pain rated at 7-9 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the low cervical and mid scapular region without appreciable swelling or gross atrophy of the paracervical muscles and well maintained cervical lordosis. Sensation to light touch and pinprick of the bilateral upper extremities was intact. Range of motion was noted as "increased left lateral bending and left rotation". Documented prior treatments related to the cervical spine to date have included surgery, medications and recent diagnostic testing with cervical spine X-rays on June 9, 2015 and cervical spine Computed Tomography (CT) on June 18, 2015 which were reviewed and discussed within the medical review on July 23, 2015. The provider requested authorization for pain management consultation and cervical spine facet blocks at C5-C6 and C6-C7 diagnostically to determine posterior pseudoarthrosis. The Utilization Review determined the request for cervical spine facet injections at C5-C6 and C6-C7 (4 total) was not medically necessary on 08-05-2015 based on imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine facet injections at C5-C6, C6-C7 (4 units total): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 26.

Decision rationale: In this case, the claimant has undergone a C4-C7 fusion. The guidelines recommend against blocks for those who have undergone a fusion. In addition, blocks only provided short term relief. The request for C5-C7 facet injections is not medically necessary.