

Case Number:	CM15-0067848		
Date Assigned:	04/15/2015	Date of Injury:	06/07/2013
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 06/07/2013. She has reported injury to the neck. The diagnoses have included cervical spondylosis; and cervical disc displacement with radiculopathy. Treatment to date has included medications, diagnostics, cervical collar, home traction, chiropractic, and physical therapy. Medications have included Hydrocodone/Acetaminophen and Methadone. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain on the right side with radiation to the right upper extremity; and wears a cervical collar with minimal relief. Objective findings included moderate discomfort on palpation in the mid-cervical spine; pain with neck extension; and diminished light touch in the right forearm. The treatment plan has included the request for cervical facet block right C4-5, C5-6 diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

below: **Cervical facet block right C4-5, C5-6 diagnostic and therapeutic purposes:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back and Upper Neck chapter - Facet joint diagnostic blocks.

Decision rationale: The patient presents with injury to the neck. The patient complains of neck pain on the right side with radiation to the right upper extremity. The current request is for Cervical facet block right C4-5, C5-6 diagnostic and therapeutic purposes. The treating physician states, in a report dated 03/05/15, "At this time we will plan for right-sided C4-C5 and C5-C6 facet injections for both diagnostic and therapeutic purposes." (121B) The MTUS guidelines are silent on cervical facet joint block injections. The ODG guidelines state specifically that the clinical presentation of a candidate for cervical diagnostic blocks should be consistent with the guidelines. In this case, the treating physician documents "moderate discomfort on palpation in the mid cervical spine. She has neck pain upon extension after 20. Upper extremity strength reveals the right biceps is 4/5. There is diminished light touch in the right forearm. X-rays of the cervical spine reveal degenerative disc disease with spondylosis on the right at C5-C6. Cervical spine MRI is significant for C4-C5 and C5-C6 degenerative disc disease with facet arthropathy and foraminal narrowing, worse on the right than left." The treating physician also notes, in a report dated 02/03/15, "Cervical S/S with degenerative disc disease with complaint of radiculopathy." ODC guidelines clearly state that diagnostic facet joint injections are "Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." The medical records reviewed reveal that the patient has radicular pain and clinical signs of radiculopathy. Therefore, the current request is not medically necessary and the recommendation is for denial.