

Case Number:	CM15-0072912		
Date Assigned:	04/23/2015	Date of Injury:	01/12/2001
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 53-year-old male, who sustained an industrial injury on January 12, 2001. The injured worker was diagnosed as having cervical disc degeneration, cervical stenosis, cervical spine facet arthropathy, status post anterior lumbar fusion (ALIF) 2011 and anterior cervical fusion (ACDF) 2004, lumbar spine disc protrusion, lumbar spondylosis, lumbar spinal stenosis, right cubital tunnel, and apnea/sleep disturbance. Treatment to date has included facet injections. Currently, the injured worker complains of unchanged low back complaints with a flare up of neck pain and constant moderate pain that radiates to the right shoulder and down the right arm to the hand, with numbness and tingling of the 4th and 5th digits of the right hand, and stiffness with limited range of motion (ROM). The Primary Treating Physician's report dated March 4, 2015, noted the injured worker's medications as Norco, Ambien, Flexeril, Protonix, and Terocin cream. Examination of the cervical spine was noted to show tenderness to palpation over the upper trapezius and cervical paraspinals. The injured worker was noted to have undergone facet injections on August 12, 2014, and October 7, 2014, with significant relief lasting a few months. The injured worker was noted to be currently experiencing neurological deficit evidenced by numbness and tingling down his right upper extremity along consistent dermatomes. The treatment plan was noted to include a request for authorization for the injured worker to undergo a third cervical facet injection at C3-C4 and C6-C7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown facet block injections at C3-4, and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation x ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for facet injections, ACOEM recommends against facet injection of corticosteroids. ODG states that the physical findings consistent with facet-mediated pain include axial neck pain, tenderness to palpation over the facet region, decreased range of motion particularly with extension and rotation, and absence of radicular or neurologic findings. ODG goes on to state that therapeutic facet injections are not recommended. If an initial facet injection is successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Within the documentation available for review, it appears the patient has undergone facet injections previously and has findings suggestive of radiculopathy. Guidelines do not support the use of repeat facet injections, and these procedures are not supported in the presence of radiculopathy. As such, the currently requested facet injections are not medically necessary.