

Case Number:	CM15-0074970		
Date Assigned:	04/24/2015	Date of Injury:	04/16/2012
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old man sustained an industrial injury on 4/16/2012 after being rear-ended in a motor vehicle accident. Evaluations include cervical spine x-rays dated 9/10/2014, lumbar spine MRI dated 7/8/2014, and thoracic spine MRI dated 10/3/2014. Diagnoses include chronic low back pain, lumbosacral disc degeneration, lumbar spine annular tear, and cervical spine pseudoarthrosis. Treatment has included oral and topical medications, physical therapy, bone stimulator, and surgical intervention. Claimant is noted to be status post C4-C7 anterior cervical discectomy and fusion with iliac crest bone graft and hardware. Physician notes, from the orthopedic surgeon, dated 3/4/2015 show complaints of mid and low back pain. Recommendations include cervical spine facet injections in the future, lumbar spine epidural injections, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injections C6-7 under fluoroscopy, QTY: 1.00: 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), Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Facet joint diagnostic blocks.

Decision rationale: Official Disability Guidelines, Neck, Facet joint diagnostic block section states specifically under criteria #11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." As the patient has had a prior fusion at the C6/7 level under fluoroscopy, the determination is for not medically necessary.

Facility-Outpatient-Center for Orthopedic Surgery QTY: 1.00: 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), Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Facet joint diagnostic blocks.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.