

Case Number:	CM15-0095094		
Date Assigned:	05/21/2015	Date of Injury:	04/01/2009
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 64 year old male, who sustained an industrial injury on 04/01/2009. According to a progress report dated 02/23/2015, the injured worker was seen for evaluation of neck pain. He was status post cervical epidural injection on 01/07/2015. Pain was improved by 80 percent. Since his last visit, quality of life was improved and his activity level had increased. Physical examination of the cervical spine revealed no cervical lordosis, asymmetry or abnormal curvature. Range of motion was restricted with flexion limited to 10 degrees limited by pain, extension limited to 10 degrees limited by pain, right lateral bending limited to 10 degrees limited by pain, left lateral bending limited to 10 degrees limited by pain, lateral rotation to the left limited to 10 degrees limited by pain and lateral rotation to the right limited to 10 degrees limited by pain. Spinous process tenderness was noted on C5 and C6. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes were equal and symmetric. Adson's test was negative. There were no signs of meningism. Diagnoses included cervical spondylosis/C facet arthropathy, cervical spondylosis, cervical radiculopathy and cervicalgia. Treatment plan included cervical facet joint injection C3-4, C4-5 and C5-6 left side. Treatment to date has included MRI, medications and epidural injections. Currently under review is the request for cervical facet joint injection C3-4 left, cervical facet joint injection C4-5 left and cervical facet joint injection C5-6 left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint injection C3-4 left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical facet joint injection left C3-4, guidelines state that while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. Within the documentation available for review, the patient has had epidurals in the past for radicular pain and has documented spinal stenosis. In the absence of clarity regarding these issues, the currently requested cervical facet joint injection left C3-4 is not medically necessary.

Cervical facet joint injection C4-5 left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical facet joint injection left C4-5, guidelines state that while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. Within the documentation available for review, the patient has had epidurals in the past for radicular pain and has documented spinal stenosis. In the absence of clarity regarding these issues, the currently requested cervical facet joint injection left C4-5 is not medically necessary.

Cervical facet joint injection C5-6 left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical facet joint injection left C5-6, guidelines state that while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. Within the documentation available for review, the patient has had epidurals in the past for radicular pain and has documented spinal stenosis. In the absence of clarity regarding these issues, the currently requested cervical facet joint injection left C5-6 is not medically necessary.