

Case Number:	CM14-0105086		
Date Assigned:	07/30/2014	Date of Injury:	12/26/2012
Decision Date:	09/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male with date of injury of 12/26/2012. The listed diagnoses per [REDACTED] dated 06/17/2014 are: 1. Cervical spondylosis. 2. Cervical radiculopathy. 3. Lumbar spondylosis. 4. Myofascial pain syndrome. According to this report, the patient complains of axial neck pain. The low back pain is doing much better after RF denervation of the lumbar facet joints. His pain level is 2/10. The physical examination shows the patient is alert, awake, in no acute distress. There is tenderness to palpation of the bilateral C4-C5 and C5-C6 facet joints with improvement with forward bending and worsening with extension and lateral twisting. No other findings were noted on this report. The utilization review denied the request on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 facet joint Injections under IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with chronic neck pain. The treater is requesting a bilateral C4-C5 facet joint injection. The ACOEM Guidelines discussed dorsal medial branch blocks and RF ablations on page 178 footnote. For a more thorough discussion of facet joint diagnostic evaluation, the ODG Guidelines are used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The 04/08/2014 report notes that the patient complains with neck pain with radiation down the left upper extremity. In this case, while the patient has tenderness over the facet joint, the patient also has radiating symptoms down the left upper extremity. In addition, the patient has a diagnoses of cervical spondylosis and radiculopathy. ODG does not support facet evaluation when radicular symptoms are present. The request is not medically necessary.

Bilateral C5-6 facet joint Injections under IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic neck pain. The treater is requesting a bilateral C5-C6 facet joint injection. The ACOEM Guidelines discussed dorsal medial branch blocks and RF ablations on page 178 footnote. For a more thorough discussion of facet joint diagnostic evaluation, the ODG Guidelines are used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The 04/08/2014 report notes that the patient complains with neck pain with radiation down the left upper extremity. In this case, while the patient has tenderness over the facet joint, the patient also has radiating symptoms down the left upper extremity. In addition, the patient has a diagnoses of cervical spondylosis and radiculopathy. ODG does not support facet evaluation when radicular symptoms are present. The request is not medically necessary.