

Case Number:	CM13-0004652		
Date Assigned:	12/04/2013	Date of Injury:	01/17/2011
Decision Date:	02/03/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 61-year-old female who was injured in a work related accident on January 17, 2011. The clinical records available for review include a November 20, 2013 assessment with [REDACTED] demonstrating subjective complaints of pain about the cervical spine. She describes a favorable response to prior medial branch blockade at the C5 through 7 levels on the right for three weeks' time with symptoms now reoccurring. Objectively, there was noted to be tenderness over the cervical spine with palpation, no indication of motor or reflexive deficit with positive Tinel's findings at the wrist consistent with carpal tunnel syndrome. The claimant's current diagnoses were that of status post bilateral carpal tunnel release status post left shoulder arthroscopy, right shoulder rotator cuff tendinosis, cervical spine herniated disc and left upper extremity radiculopathy. Recommendations at present were for a radiofrequency rhizotomy based on the claimant's response to previous cervical medial branch blockade. Request in this case is for a diagnostic or therapeutic paravertebral facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Injections, Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or nerves innervating that joint) with Image Guidance (Fluoroscopy or Computed Tomography), Cervical or Thoracic, Single Level: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174-175.

Decision rationale: California ACOEM Guidelines in regards to facet joint injections indicate that they have no proven benefit in treating acute neck or upper back symptoms versus other first line forms of modalities alone. Records in this case further indicate that the claimant has already undergone facet joint injections from a diagnostic point of view at the time of the November 2013 assessment. At present there would be no current indication for the need of a repeat facet joint injection at the non-documented levels in this case based on the claimant's clinical response to previous blockade and current clinical picture. Request in this case is not indicated.