

Case Number:	CM13-0004971		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2013
Decision Date:	02/25/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/31/2013

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 Physical Medicine and Rehabilitation, 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:

This 32 year-old male sustained an injury on 2/5/13 while employed by [REDACTED]. Diagnoses include neck sprain and Cervicalgia. A report dated 12/11/13 from [REDACTED] noted that the patient had complaints of ongoing right sided neck and shoulder pain since February of 2013. The patient stated that he tore his labrum and right bicep tendon, which was surgically repaired in April/May of 2013, and has had 20 physical therapy visits without reduction in pain. No symptom relief was reported despite physical therapy, cortisone injections, and trigger point injections. The patient complained of pain in the right cervical region extending into the upper trapezius musculature with occasional tingling/numbness to right elbow and hand. Exam showed positive cervical compression Spurling's test, and Neer's impingement and Hawkins were positive on the right. The treatment plan was for chiropractic care and physical therapy. An MRI of the cervical spine on 5/8/13 showed some slight bulging at C5-6 and C6-7 with left foraminal stenosis at C6-7. An MRI of the shoulder on 3/15/13 showed complete long head bicipital tear, and extensive labral tearing. Reports from 6/14/13 and 7/16/13 from [REDACTED] noted that the patient had continued right sided neck and right shoulder pain extending into the scapula described as tightness, numbness, and tingling affecting the third, fourth and fifth digits of the right hand. Therapy had just started to address the neck and upper back. The exam showed increased stiffness affecting right side with left flexion; compression of right cervical facet joints causes pain to scapula with tenderness at facet joints C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical facet joint injection at the right C5-6 and C6-7 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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

Decision rationale: The patient's symptoms, complaints, and clinical findings are more indicative of possible radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports also have not documented failure of conservative treatment (including physical therapy for the affected area, home exercise and NSAIDs). MTUS guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain, or for any radicular pain syndrome. They also note that there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement, and limited for long-term improvement; intra-articular steroid injections of the facets have very little efficacy in patients, and they require additional studies. The cervical facet joint injection at the right C5-6 and C6-7 levels is not medically necessary and appropriate. As such, the request is non-certified.