

Case Number:	CM13-0018777		
Date Assigned:	10/11/2013	Date of Injury:	03/24/2003
Decision Date:	01/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 PM&R, 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 underlying date of injury in this case is 03/24/2003. The primary diagnoses include cervicalgia, cervical disc degeneration, and cervical spondylosis. This patient is a 49-year-old woman with a history of a prior anterior cervical discectomy and fusion at C5-6. A prior physician review notes that the patient was seen in followup on 08/14/2013 and was noted to have pain with cervical extension and right rotation over the facet joints below her fusion and that the patient was neurologically intact and that prior injections had provided 70% relief. That physician review noted that only two levels should be performed based on the guidelines and also that it was not necessary to do a second diagnostic block but rather a neurotomy should be performed. The review also noted that the patient had pain below the level of her fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient R C4-5 and C6-7 facet injections and if needed R C3-4 facet: 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 Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM guidelines, chapter 8/neck, page 174, states, "Invasive techniques such as injection of facet joints have no proven benefit in treating acute neck and upper back symptoms." Thus, the treatment guidelines do not support a probable benefit from the requested facet injections. Additionally, the rationale stated in the initial physician review is applicable as well in that it is not clear that this patient has facet-mediated disease given her past fusion and given that more specific guidelines can be found in the Official Disability Guidelines which would not support a three-level facet injection as proposed in this case. For these reasons, the guidelines have not been met. This request is not medically necessary.