

Case Number:	CM13-0034112		
Date Assigned:	12/06/2013	Date of Injury:	06/05/2012
Decision Date:	03/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 New Hampshire. 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 patient is a 53 year old female who sustained an injury on June 5, 2012 when she was hit in the head by Foley boxes. She complains of chronic neck pain and headaches, and has been diagnosed with cervical stenosis degenerative disc condition and facet arthropathy. Cervical x-rays taken in June 2012 were normal. EMG/NCS conducted in July 2013 showed bilateral cubital tunnel syndrome and mild C6 radiculopathy. A cervical MRI from December 2012 shows degenerative disc condition at C5-6 and C6-7 with spinal and foraminal narrowing. Degenerative right-sided facet condition at C3-4 at C4-5 was noted. The patient had a cervical epidural steroid injection at C6-7 on August 13, 2013 with no improvement. She is taking ibuprofen and using Lidoderm patches. Physical examination shows tenderness to palpation of the neck. Strength is normal in the bilateral upper extremities. Sensation is diminished over the fourth and fifth digits. Deep tendon reflexes were normal. Spurling's test was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical facet injections at bilateral C2-3, C3-4, and C4-5 between 9/18/13 and 11/2/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Established guidelines for multiple facet joint injections and the cervical spine are not met at this time. The limit for simultaneous facet injections is two levels maximum; the request at hand is in excess of that. The Official Disability Guidelines also do not support three levels of cervical facet injection. In addition, the medical records do not contained adequate documentation of failure of conservative measures. Specifically, there is no documentation of a trial of a 4-6 week physical therapy and exercise program. Therefore, the request is not certified.