

Case Number:	CM13-0036414		
Date Assigned:	12/13/2013	Date of Injury:	10/17/2007
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Oklahoma and Texas. 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 54-year-old female who reported an injury on 10/17/2007. The patient is diagnosed with facet arthritis. The patient was seen by [REDACTED] on 09/26/2013. The patient reported ongoing neck pain. Physical examination revealed tenderness to palpation. Treatment recommendations included facet nerve injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet nerve injection - neck, to be done at outpatient surgery center: 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), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are recommended for patients with

cervical pain that is nonradicular and at no more than 2 levels bilaterally. As per the documentation submitted, there is no evidence upon physical examination of facet mediated pain. There was no imaging study provided for review to corroborate a diagnosis of facet arthritis. There is no evidence of a recent failure to respond to conservative treatment including home exercise, physical therapy, and NSAIDs. Based on the clinical information received, the patient does not currently meet criteria for the use of facet joint injections. As such, the request is non-certified.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.