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| Case Number: | CM13-0037578 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/21/2010 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 59 year-old female who was injured on 1/21/2010. She has been diagnosed with cervical disc displacement without myelopathy; and lumbar disc degeneration. According to the 7/1/13 pain management report from [REDACTED], the patient presents with 9/10 bilateral knee and neck pain. The 9/10 pain was with medications including Lortab 10/500 q8h, and Zanaflex 4mg q8h. [REDACTED] reports the patient had 80% relief of pain from a diagnostic facet injection in the cervical spine from May 2012 until now (7/1/13). [REDACTED] also notes the patient has TFESI on 7/31/12, but the body region was not specified. He requests a right cervical facet joint injection at C3/4 and C4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CERVICAL FACET INJECTION AT C3-4 AND C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter for Facet Joint Therapeutic Steroid Injections.

Decision rationale: According to the 7/1/13 pain management report from the provider, the employee presents with 9/10 bilateral knee and neck pain. The provider reports the employee has already had cervical diagnostic facet injections, and now requests a therapeutic facet injection. The MTUS/ACOEM guidelines state: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." And the ODG guidelines for therapeutic cervical facet injections specifically state "Not recommended". The request is not in accordance with MTUS/ACOEM or ODG guidelines.

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.

Intravenous (IV) SEDATION: 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.