

Case Number:	CM13-0037627		
Date Assigned:	12/18/2013	Date of Injury:	01/21/2010
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 59 year-old with a date of injury of 01/21/10. The mechanism of injury is described as being struck in the head with a door of sufficient impact to cause the patient to fall. The most recent progress report included by [REDACTED], dated 10/03/13, identifies subjective complaints of neck pain radiating to the shoulder and wrist and intermittent tingling. Objective findings included tenderness along the facet joints C2-6 on the right. Past MRI revealed a mild disc protrusion but no evidence of cord compression. Electrodiagnostic studies showed no evidence of radiculopathy. Diagnoses indicate that the patient has "Cervical disc displacement without myelopathy". Treatment has included a previous facet joint injection in May of 2012 with 80% improvement in symptoms and current oral analgesics. Treatment now recommended is facet joint injection

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical facet joint injection at C3-C4 and C4-C5 with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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): 174-175.

Decision rationale: The California MTUS ACOEM Guidelines state: "Invasive techniques (e.g. needle acupuncture and injection procedures, such as trigger of injection points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." They specifically state that facet injection of corticosteroids is not recommended. Therefore, there is no medical necessity for a facet joint injection.

IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Official Disability Guidelines state that intravenous sedation is contraindicated with diagnostic facet joint injections. Further, as noted below, there is no medical necessity for a diagnostic or therapeutic facet joint injection in this case.