

Case Number:	CM13-0040207		
Date Assigned:	12/20/2013	Date of Injury:	03/20/2010
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice 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 patient is a 54-year-old female who reported a work-related injury on 03/20/2010, as a result of a fall. The patient currently presents for treatment of the following diagnoses, status post right shoulder arthroscopy with manipulation under anesthesia, right-sided C5-6 disc herniation with radiculopathy, status post right carpal tunnel release, and status post right de Quervain's release. The clinical note dated 11/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient's physical exam findings revealed tenderness over the right paraspinal region of the cervical spine. The provider documents head compression testing causes neck pain and there was decreased strength to the entire right upper extremity secondary to pain. The provider documented the patient was a surgical candidate for a anterior cervical discectomy and fusion at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates, invasive techniques are of questionable merit. Additionally, Official Disability Guidelines indicate specific criteria for the requested injections to include evidence of facet mediated joint pain. Given that the provider is documenting the patient is a surgical candidate status post exhaustion of all lower levels of conservative treatment to include an epidural steroid injection, and as the clinical notes failed to evidence the patient presented with facet mediated pain, the request for a facet injection is not medically necessary nor appropriate.