

Case Number:	CM13-0040558		
Date Assigned:	12/20/2013	Date of Injury:	06/30/2008
Decision Date:	02/28/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/05/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 claimant is a 49-year-old man sustained an injury work related injury on June 30, 2008. He subsequently developed chronic back pain, chronic neck pain, brachial neuritis and insomnia. According to a progress note dated on September 12, 2013, the patient reported neck and right shoulder pain rated at 6/10 with numbness and tingling in the right upper extremity. The patient was reported to have insomnia, dizziness, anxiety and depression. His physical examination demonstrated paraspinal cervical tenderness, facet joint tenderness with reduced range of motion. There was a paraspinal tenderness in the lumbar area with reduced range of motion. The patient was treated with the aquatic therapy. The provider requested authorization for facet injections

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral (BI) T4-5 Facet Joint Injections x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

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

Decision rationale: According to MTUS guidelines, facet injection is not recommended for neck and upper back complaints. There is no clear documentation of thoracic facet pain or

radiological evidence of fact arthropathy. Therefore, the request for a BI T4-5 Facet Joint Injections x 2 is not medically necessary.

bilateral T5-6 Facet Joint Injections x2 with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

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

Decision rationale: According to MTUS guidelines, facet injection is not recommended for neck and upper back complaints. There is no clear documentation of thoracic facet pain or radiological evidence of fact arthropathy. Therefore, the request for a bilateral T5-6 Facet Joint Injections x2 with sedation is not medically necessary.