

Case Number:	CM13-0047390		
Date Assigned:	12/27/2013	Date of Injury:	08/01/1992
Decision Date:	06/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in 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 expert 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 injured worker is a 50-year-old female who reported an injury on 08/01/1992. The mechanism of injury was not provided for review. The injured worker's treatment history included multiple medications, physical therapy, and first rib resection. The injured worker was evaluated on 05/29/2013. It was documented that the injured worker had normal range of motion of the lumbar spine with normal motor strength and no evidence of muscular tenderness. The injured worker's treatment plan at that time included left sided cervical medial branch blocks, chiropractic care and massage therapy. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker had ongoing cervical spine pain rated at 4/10 to 5/10 radiating into the bilateral upper extremities and jaw. Physical findings included tenderness to palpation over the facet joints at the C2-3, C3-4, C4-5 and C5-6. The request was made for cervical facet injections in the right side by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET INJECTION RIGHT SIDE BY [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC NECK AND UPPER BACK PROCEDURE SUMMARY, UPDATED 5/14/2013, CRITERIA FOR USE OF DIAGNOSTIC BLOCKS FOR FACET NERVE PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, FACET INJECTIONS (DIAGNOSTIC).

Decision rationale: The requested cervical facet injections for the right side by [REDACTED] is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent left sided cervical facet injections. California Medical Treatment Utilization Schedule does not address diagnostic facet injections. Official Disability Guidelines recommend facet injections for injured workers who have documented facet mediated pain that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has facet mediated pain at the C4-6 levels bilaterally. There is also documentation that the injured worker has participated in conservative treatments to include physical therapy and medications. However, the request as it is submitted does not specifically identify the requested levels or whether the requested facet injections are therapeutic or diagnostic in nature. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested cervical facet injections for the right side by [REDACTED] is not medically necessary or appropriate.