

Case Number:	CM13-0053615		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2009
Decision Date:	05/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 43 year old female with date of injury of 5/26/09. The mechanism of injury was kneeling on office supplies and pushing up with her hand off the floor. The patient has complained of left elbow pain and left knee pain since the date of injury. She has been treated with corticosteroid injections, physical therapy, and medications. No radiographic data is included in the available medical records. Objective findings include decreased range of motion of the left elbow, tenderness of the left cervical paraspinal musculature, and sensory and motor deficit of the left upper extremity (not further specified). Diagnoses include knee sprain, elbow pain, and chronic pain. The treatment plan included a left cervical facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL FACET INJECTION: 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 Chronic Pain Treatment Guidelines Page(s): 300.

Decision rationale: This 43 year old female has complained of chronic left elbow and left knee pain since her date of injury. She has been treated with corticosteroid injections, physical

therapy, and medications. The current request is for left cervical facet injection. There is no documentation in the available medical records discussing the indication(s) for a cervical facet injection. Per the Chronic Pain Medical Treatment Guidelines, invasive techniques in the treatment of pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, left cervical facet injection is not indicated as medically necessary.