

Case Number:	CM13-0057032		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2006
Decision Date:	04/01/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, Pain Management, 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:

The patient is a 62-year-old female who reported an injury on 08/18/2006. The mechanism of injury was not provided for review. The patient's injury ultimately resulted in a cervical fusion at the C5-6 level. The clinical documentation submitted for review does indicate pseudoarthrosis at the fused level. The patient's treatment history post surgically had included physical therapy, medications, and a facet injection that provided 6 to 7 months of pain relief. The patient's most recent clinical examination findings included restricted cervical range of motion with tenderness to palpation at the C4, C5, C6, and C7 levels no the left side with decreased sensation to light touch in the C7 distribution. The patient's diagnoses included late postoperative changes to the cervical spine, pseudoarthrosis of the cervical spine, and chronic pain. The patient's treatment recommendations included a cervical facet block and transdermal compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection, cervical spine, C5-6, C6-7: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The American College of Occupational and Environmental Medicine do not recommend facet injections for therapeutic purposes. The clinical documentation submitted for review does not clearly indicate that the requested facet injection is for diagnostic purposes in preparation for radiofrequency ablation. Additionally, the clinical documentation does not clearly indicate that the patient's pain is facet-mediated. Therapeutic injections are not supported by guideline recommendations. An additional therapeutic injection would not be considered appropriate. As such, the requested facet injection of the cervical spine C5-6 and C6-7 levels is not medically necessary or appropriate.