

Case Number:	CM13-0057872		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2008
Decision Date:	05/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation, 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 53-year-old female who reported an injury on 06/27/2008 due to a fall. The injured worker's treatment history included physical therapy, medications, epidural steroid injections, and interbody fusion with anterior hardware at the C4-5 and C5-6 levels. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker complained of severe neck pain radiating into the right upper extremity. Objective findings included good motor strength in the bilateral upper extremities with a positive Spurling's sign and limited range of motion of the neck. It was noted that the injured worker had disturbed sensation in the right arm radiating into the thumb and index finger. The injured worker's diagnoses included status post C4 through C6 ACDF in 2009. The injured worker's treatment plan included facet injections at the C7-T1 and C6-7. The injured worker was again evaluated on 11/26/2013. It was documented that the injured worker's facet joint injections were denied. There were no changes in the injured worker's objective findings at the November appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION C7-T1,C6-C7: 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 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The requested facet injections at the C7-T1 and C6-7 are not medically necessary or appropriate. The ACOEM Guidelines do not support the use of facet injections for therapeutic purposes. There is no justification within the documentation provided for review to support that the requested injections are for anything other than therapeutic purposes. Additionally, the clinical documentation submitted for review does not provide any physical objective findings of facet mediated pain. As such, the requested facet injections at the C7-T1 and C6-7 are not medically necessary and appropriate.