

Case Number:	CM13-0057966		
Date Assigned:	12/30/2013	Date of Injury:	02/23/2009
Decision Date:	04/14/2014	UR Denial Date:	11/20/2013
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 43-year-old male who has a reported injury date of February 23, 2009. The records indicated the claimant has a history of neck and arm pain. Exam has demonstrated decreased sensation in the left upper extremity and a positive Spurling's test. The claimant has been diagnosed with cervical radiculopathy and treated with medications, physical therapy, and prior facet injections at C4-5 that did not help the claimant's discomfort. A request for C3-4 facet injection has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BILATERAL C3-C4 FACET INJECTION WITH FLUOROSCOPY: 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): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections

Decision rationale: The requested C3-4 facet injection cannot be recommended as medically necessary. The ACOEM Guidelines do not recommend facet injections as they are not proven to have proven benefit in treating neck pain. The ODG also do not recommend facet injection in the

presence of radiculopathy. The records do not indicate exam findings consistent with facet-mediated pain from the C3-4 level. The claimant's MRI showed only mild disc bulging at C4-5 and C5-6. The claimant reports symptoms of arm pain and has been diagnosed with radiculopathy, which is a contraindication for facet injections. The documentation also indicates that the claimant failed previous facet injections at a different level. Overall, there is no indication that the claimant has facet-mediated pain from the C3-4 level. There is no significant pathology on imaging at that level, and the claimant has radicular complaints and potentially radicular findings that would contraindicate the requested facet injections. Accordingly, there is insufficient information to justify the requested facet injections according to the information reviewed.