

<b>Case Number:</b>	CM13-0062421		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of July 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim. In a Utilization Review Report dated November 27, 2013, the claims administrator approved a request for shoulder MRI while denying cervical facet injections. The claims administrator did not incorporate and cited Non-MTUS Guidelines into its rationale, it is incidentally noted. The applicant's attorney subsequently appealed. In a November 12, 2013 progress note, the applicant was given a 15-pound lifting limitation for issues associated with sub-acute neck and shoulder pain. The applicant was asked to undergo diagnostic versus therapeutic multilevel cervical facet joint injection. Shoulder MRI imaging was also sought. The applicant was given work restrictions; however, it is not clearly stated whether the applicant was accommodated or not. The applicant's self-report did not make it evident whether the primary pain generator was neck or shoulder. Tenderness was noted about the cervical paraspinal musculature with normal cervical range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Injections to Right C4-C5, C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guideline (ODG): Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, as are being sought here, are deemed "not medically necessary." In this case, it is further noted that there is considerable lack of diagnostic clarity. It is unclear whether the applicant's symptoms are, in fact, emanating from the neck or the shoulder. Therefore, the request is not medically necessary both owing to the considerable lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.