

<b>Case Number:</b>	CM13-0064098		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Neurology, and is licensed to practice in Arizona. 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:

This is a 58-year-old female who worked as a janitor and sustained a work related injury on 08/09/2013. She apparently fell forward, hitting her left knee, right arm, chin and hyperextended her neck. As a result of her arm injury she needed to undergo an open reduction, internal fixation of a right distal radius fracture. Since then she has continually complained of right shoulder and cervical pain and reports the development of depression. Between the date of injury and the most recent progress report, the patient has undergone two visits for an evaluation and treatment of physical therapy to address her cervical pain. On progress report dated 11/12/2013, the patient reports a complaint of fairly significant headaches and neck pain, as well as pain in the right shoulder and elbow. Additionally reported is 'The patient also feels depressed and anxious.' Her pain is 7/10 on the 1 to 10 pain scale without delineating where the pain is originating. Review of symptoms identifies the patient as being depressed, but denied suicidal ideation. The physical examination is abbreviated and only includes that there is tenderness of the cervical paraspinal musculature, right shoulder and right elbow. Previous medical documentation reports similar findings with no reported radicular, neurological symptomatology or pain radiation. The patient is identified as having reaction depression; most likely as result of her continually neck pain, by a couple differing medical providers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Although the ODG guidelines permit the use of facet blocks as a diagnostic tool to determine efficacy of treatment for a follow on facet neurotomy, such additionally treatment is not documented in the provided medical records. Additionally, cervical facet injections are not recommended as a treatment option per the Occupational Medicine Practice Guidelines. As such, the treatment request cannot be authorized, it is not medically necessary.

**Evaluation for Depression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Depression screening.

**Decision rationale:** Screening for depression is now recommended in adults to assure accurate diagnosis, effective treatment and follow up. Evidence shows that screening improves the accurate identification of depressed patients in primary care settings and that treatment of depressed adults identified in primary care settings decreases clinical morbidity. (USPSTF, 2002) As a result, the Occupational Mental Health Committee and the Council on Scientific Affairs has recommended that the American College of Occupational and Environmental Medicine (ACOEM) endorse the USPSTF report and take the position that a depression-screening program is an effective and inexpensive way to identify some of the most emotionally distressed employees.