

Case Number:	CM13-0070463		
Date Assigned:	01/03/2014	Date of Injury:	01/01/2012
Decision Date:	06/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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 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 01/01/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included multiple medications, acupuncture, and physical therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker underwent an EMG/NCV in 04/2013. It was documented that the injured worker did not have any abnormalities with that electrodiagnostic study. The injured worker was evaluated on 11/06/2013. It was documented the injured worker had persistent pain complaints of the neck rated at an 8/10. Physical findings included tenderness to palpation, a cervical paravertebral musculature with restricted range of motion secondary to pain. The injured worker had decreased right-sided grip strength. Neurological findings included a positive right-sided cervical facet sign with decreased sensation and 2 point discrimination of the right side in the C4-T1 dermatomes with decreased motor strength rated at a 2/5 to 3/5 of the right side in the C4-T1 myotomal distribution. The injured worker's diagnoses included cervicalgia, lumbago, carpal tunnel syndrome, and hand arthropathy. The injured worker's treatment plan included discontinuation of nonsteroidal anti-inflammatory drugs and facet injections at the C5-6 and C6-7 on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTIONS AT C5-C6 AND C6-C7 ON THE RIGHT SIDE: 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): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, pages 181-183.

Decision rationale: The American College of Occupational and Environmental Medicine do not support therapeutic facet injections. The clinical documentation submitted for review fails to identify whether this injection is for diagnostic or therapeutic purposes. Official Disability Guidelines indicate that diagnostic facet injections are appropriate for patients who have well documented facet mediated pain in the absence of radiculopathy that is recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the injured worker has facet mediated pain; however, there is documentation to support radicular symptoms. The injured worker has decreased sensation and decreased motor strength consistent with the requested dermatomal distributions. The clinical documentation fails to identify if these injections are being used to determine the appropriateness of a radiofrequency ablation. Therefore, there is no way to determine whether these injections are for diagnostic or therapeutic purposes. As such, the requested facet injections at the C5-6 and C6-7 on the right side are not medically necessary or appropriate.