

Case Number:	CM14-0113022		
Date Assigned:	08/01/2014	Date of Injury:	04/06/2009
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on April 6, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated decreased sensation at the radial aspect of the right hand. Diagnostic imaging studies of the cervical spine showed small disc protrusions at the C4-C5, C5-C6, and C6-C7 levels. Previous treatment includes a C2-C3 selective nerve root block. A request had been made for right sided cervical facet joint injections at C4-C5, C5-C6, and C6-C7 and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical C4-C5, C5-C6, C6-C7 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Injections, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of diagnostic blocks per facet nerve pain includes that no more than two joint levels should be injected in one session. It is also stated that injection should be limited to patients whose pain is nonradicular. The progress note, dated May 20, 2014, has physical examination findings of a radiculopathy and this request is for three levels to be injected. Considering this, the request for right sided cervical C4-C5, C5-C6, and C6-C7 facet joint injections is not medically necessary.