

Case Number:	CM14-0020090		
Date Assigned:	04/25/2014	Date of Injury:	11/20/1992
Decision Date:	08/05/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 61-year-old female who has submitted a claim for cervical facet syndrome, lumbar post laminectomy syndrome, and lumbar radiculopathy associated with an industrial injury date of 11/20/1992. Medical records from 2013 were reviewed. Patient complained of worsening cervical pain radiating to bilateral upper extremities, associated with numbness. Aggravating factors included prolonged neck positioning. Physical examination of the cervical spine showed restricted range of motion, muscle spasm, and tenderness. Hyporeflexia was noted at bilateral upper extremities. Sensation was intact. Treatment to date has included cervical injection and medications. Utilization review from 01/17/2014 denied the request for facet joint injection at C5-C6 and C6-C7 because it was only recommended as a diagnostic procedure, and not as a treatment option.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTION AT C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Section, Facet Joint Therapeutic Steroid Injections.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that facet joint therapeutic steroid injection is not recommended, but if used, criteria should include: (1) clinical manifestations consistent with facet joint pain, (2) there should be no evidence of radicular pain, (3) if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks, among others. In this case, patient previously underwent facet injection and reported symptom relief. However, percentage and duration of pain relief were not documented. Moreover, clinical manifestations are consistent with radiculopathy due to cervical pain radiating to upper extremities, associated with weakness and numbness. Guideline criteria were not met. Therefore, the request for facet joint injection AT C5-C6, C6-C7 is not medically necessary.