

Case Number:	CM14-0024300		
Date Assigned:	06/11/2014	Date of Injury:	07/21/2006
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Emergency 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:

This patient is a 61 year-old with a date of injury of 07/21/06. A progress report associated with the request for services dated 02/07/14 identified subjective complaints of neck pain into both shoulders. Objective findings included cervical facet tenderness and decreased range-of-motion. Diagnoses included multilevel cervical spondylosis; bilateral carpal tunnel syndrome; and status-post bilateral shoulder surgery. Treatment has included oral and topical analgesics as well as a cervical fusion in 2002. The claimant requested facet joint injections and noted they had worked in the past and was better than radiofrequency ablation. A Utilization Review determination was rendered on 02/17/14 recommending non-certification of "bilateral C2-C3, C3-C4, C4-C5 facet injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C2-C3, C3-C4, C4-C5 FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174, 181.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet injection of corticosteroids is not recommended. The Official Disability Guidelines (ODG) also states that facet joint therapeutic steroid injections are not recommended due to lack of quality studies regarding their effect. Therefore, there is no documentation in the record for the medical necessity of bilateral C2-3, C3-4, and C4-5 facet joint injections.