

Case Number:	CM14-0025281		
Date Assigned:	06/11/2014	Date of Injury:	02/18/2013
Decision Date:	07/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 California. 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:

According to the records made available for review, this is a 38-year-old male with a 2/18/13 date of injury. At the time of the request for authorization for cervical facet joint injections on left with fluoroscopy C4-5, 5-6, 6-7, there is documentation of subjective complaints of chronic neck pain, constant sharp pain in the bilateral aspects of the cervical spine (more on the left, the pain is mainly axial and non radiating), and objective findings of tenderness over the cervical paraspinal muscles, limited cervical range of motion, positive facet joint maneuvers. Current diagnoses include cervical facet joint disease, and treatment to date has been physical therapy, home exercises, acupuncture, massage, injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint injections on left with fluroscopy C4-5, 5-6, 6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM states that medial branch blocks may be recommended with documentation of non-radicular facet mediated pain. The Official Disability Guidelines state that facet injections may be recommended with documentation of cervical pain that is non-radicular, and with failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than two joint levels should be injected in one session. Within the medical information available for review, there is documentation of diagnoses of cervical facet joint disease. In addition, there is documentation of cervical pain that is non-radicular and failure of conservative treatment prior to the procedure for at least 4-6 weeks. However, more than two joint levels are to be injected in one session. As such, the request is not medically necessary.