

Case Number:	CM14-0029967		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2013
Decision Date:	08/19/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

The mechanism of injury was when the hatchback of her car landed on her head, twisting it towards the right side. Diagnoses for the injured worker were displacement of lumbar, and intervertebral disc without myelopathy. Prior treatment includes chiropractic treatment with little relief of her symptoms as well as medications and physical therapy. MRI of the cervical spine performed on 10/21/2013 revealed a disc osteophyte complex at C5-6 and at C6-7 with a loss of cervical lordosis. There was neural foraminal stenosis at the C5-6 and at the C6-7 on the right. The injured worker had complaints of pain that radiated down the right upper extremity and circumferentially and involved the paresthesias in the index, ring, and middle fingers on the right side. Primarily, her complaint was neck pain that was stated as burning in nature and in the right upper extremity with occasional headaches. The physical examination on 12/16/2013 revealed the sensory examination was within normal limits. Motor strength was 5/5, except for 4+/5 triceps and hands intrinsic function, strength in the right upper extremity. Reflexes, deep tendon reflexes, were 3+ and brisk with positive Hoffman's signs bilaterally. The musculoskeletal examination revealed substantially limited cervical range of motion for flexion and extension. Current medications for the injured worker were Nucynta and ibuprofen. The treatment plan for the injured worker was for a facet joint injection for the neck. Treatment options for the injured worker were for facet injections at the C5-6 and at the C6-7 or cervical intervention through a 2 level anterior cervical discectomy and fusion procedure. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint injection for the Neck.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks, Facet joint therapeutic steroid injections.

Decision rationale: The request for a facet joint injection for the neck is non-certified. The CA MTUS/ACOEM Guidelines state that invasive techniques such injection of trigger points, facet joints, or corticosteroids have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines state diagnostic facet joint injections are recommended prior to a facet neurotomy and the clinical presentation should be consistent with facet mediated pain signs and symptoms. Guidelines further state therapeutic facet injections are not recommended. The request submitted for review did not indicate the level(s) of the injection. Also, the examination findings documented did not indicate the presence of facet joint tenderness to palpation to support facet mediated pain. The request as submitted failed to indicate whether the requested injections were diagnostic or therapeutic. Therefore, the request is not medically necessary.