

Case Number:	CM14-0030290		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2006
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 54-year-old female who reported an injury on 12/21/2006. The mechanism of injury was not included in the documentation provided. The injured worker had prior treatment of cervical fusion, facet rhizotomy, and facet joint injections. The injured worker's diagnoses were noted to be status post 3 level disc replacement surgery cervical with residuals, tendinopathy in the shoulders, tendinitis of the elbows, and bilateral arm pain. The injured worker had a clinical evaluation on 12/30/2013. Her complaints were pain in her neck and upper extremities. She described her pain as dull, aching, and burning. She indicated when she placed her arms over her head there was pain in her neck. In addition, she stated sitting, repetitive hand motions, lifting arms overhead, grasping tightly, climbing, and kneeling were all aggravating and she avoided these. The injured worker said that her symptoms were essentially unchanged. The physical examination noted range of motion was minimally diminished in the neck. Sensation to pin was diminished in the C7 distribution of the right hand. Tenderness and spasms were noted in the supported neck musculature. Objective factors included decreased range of motion, tenderness with spasms, and evidence of radiculopathy. The treatment plan was for the injured worker to continue with her medications and anticipate further surgical consideration. The provider's rationale for the requested service was not provided with the documentation. The Request for Authorization for medical treatment was not included within this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK COMPLAINTS, FACET JOINT INJECTIONS.

Decision rationale: The injured worker is a 54-year-old female who reported an injury on 12/21/2006. The mechanism of injury was not included in the documentation provided. The injured worker had prior treatment of cervical fusion, facet rhizotomy, and facet joint injections. The injured worker's diagnoses were noted to be status post 3 level disc replacement surgery cervical with residuals, tendinopathy in the shoulders, tendinitis of the elbows, and bilateral arm pain. The injured worker had a clinical evaluation on 12/30/2013. Her complaints were pain in her neck and upper extremities. She described her pain as dull, aching, and burning. She indicated when she placed her arms over her head there was pain in her neck. In addition, she stated sitting, repetitive hand motions, lifting arms overhead, grasping tightly, climbing, and kneeling were all aggravating and she avoided these. The injured worker said that her symptoms were essentially unchanged. The physical examination noted range of motion was minimally diminished in the neck. Sensation to pin was diminished in the C7 distribution of the right hand. Tenderness and spasms were noted in the supported neck musculature. Objective factors included decreased range of motion, tenderness with spasms, and evidence of radiculopathy. The treatment plan was for the injured worker to continue with her medications and anticipate further surgical consideration. The provider's rationale for the requested service was not provided with the documentation. The Request for Authorization for medical treatment was not included within this review.