

Case Number:	CM14-0033392		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2004
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine 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 applicant is a represented Coldwell Banker Cendant employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier C6-C7 cervical fusion surgery in February 13, 2013; and at least one prior cervical facet injection on December 17, 2013. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for a cervical facet injection at C7-T1, citing non-MTUS ODG Guidelines exclusively. In a progress note dated March 12, 2014, the applicant presented with persistent neck pain. The applicant was topical Ketamine cream for pain relief, it was suggested. Tenderness about the cervical paraspinal musculature and facet joint is appreciated with decreased range of motion noted secondary to the same. It was acknowledged that the applicant previously obtained a facet injection in December 2013 at C7-T1. It was stated that the applicant had memory issues, might have Alzheimer's dementia, and was therefore unable to ascertain as to whether or not the previous facet injection was helpful or not. The applicant did not appear to be working. An earlier note of February 20, 2014 was again notable for comments that the applicant reported frustration and anxiety with her situation and was having ongoing issues with chronic neck pain. The attending provider stated that he would make an attempt to try and log the applicant's response to future facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical facet joint injection C7-T1: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections of corticosteroids are deemed "not recommended." Similarly, ACOEM Chapter 8, Table 8-8, page 181 also notes that diagnostic blocks such as the repeat cervical facet injection seemingly being proposed here are likewise deemed "not recommended." In this case, as previously noted, there is considerable lack of diagnostic clarity. The attending provider has not clearly established the presence of facetogenic pain here, nor did the attending provider establish a favorable response to the earlier cervical facet injection performed in December 2013. Therefore, the request is not medically necessary.