

Case Number:	CM14-0034381		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2002
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Nevada. 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 71-year-old gentleman who was reportedly injured on February 1, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of low back pain, neck pain, and right hip pain. The physical examination demonstrated tenderness along the cervical spine musculature and decreased range of motion secondary to pain. Examination of the lumbar spine noted tenderness of the lumbar sickle musculature and the spinous processes. There was pain at the end range of the lumbar spine range of motion. Previous treatment includes lumbar spine medial branch blocks. A request had been made for cervical spine facet injections from C4 through C7 and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection C4-C7 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper Back Chapter, Low back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-.

Decision rationale: The progress note dated April 1, 2014, states that the injured employee has had the return of his right-sided low back pain that was treated last year with medial branch blocks. There is also an apparent history of prior cervical spine injections performed from C4 to C7, but there is no mention of what success was achieved with these injections including percentage of pain relief for what length of time. Without this information second set of injections for the cervical spine cannot be justified. This request for bilateral injections of the cervical spine from C4 to C7 is not medically necessary.