

Case Number:	CM14-0035174		
Date Assigned:	06/25/2014	Date of Injury:	09/04/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 injured worker is a 33-year-old female who reported an injury on 09/04/2012. The mechanism of injury occurred when she was hit from the back to her head, neck, and shoulders by a student. On 01/22/2014, it was noted that the injured worker had complaints of neck pain. The pain radiated to the right shoulder secondary to facet arthropathy versus degenerative disc disease and she had improvement after the C2-3 facet joint injection; however, her neck pain reoccurred. Upon examination, there was a mild spasm upon palpation with tenderness in the paracervical area with normal muscle tone. There were normal reflexes and distal sensation and tenderness to palpation behind mastoid process, paracervical with ear pain produced. The injured worker had a right C2-3 facet joint injection on 11/25/2013, which provided 60% relief of pain behind the ear for about 6 weeks. The diagnoses were right sided neck pain with radiation to the right lateral thumb and concurrent occipital headaches and a differential diagnosis that included possible herniated discs at C5-6 and C6-7 versus radiculitis versus facet arthropathy. Prior treatment included a medial branch block, a medial branch radiofrequency ablation, medications, and physical therapy. The provider recommended a right facet injection at C2-3 and is considering a radiofrequency ablation if the relief is not long lasting. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Facet Injection at C2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet injection.

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, Facet Diagnostic Block.

Decision rationale: The request for Right Facet Injection at C2-3 is not medically necessary. ACOEM/California MTUS Guidelines state invasive techniques have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines further state that with successful pain relief of at least 50% for duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. No more than 1 therapeutic intra-articular block is recommended. The documentation noted that on 11/25/2013 the injured worker was given a facet joint injection at the C2-3 level with a 60% relief of pain for about 6 weeks. With successful relief of pain, the recommendation of the Guideline is to proceed to a medial branch diagnostic block and subsequent neurotomy. A repeat therapeutic block would exceed Guideline recommendations. As such, the request for Right Facet Injection at C2-3 is not medically necessary.