

Case Number:	CM14-0039758		
Date Assigned:	06/27/2014	Date of Injury:	02/24/2011
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic Surgery 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 patient is a 51-year-old female with an industrial injury date of 2/24/2011. According to the reevaluation and progress report dated 2/20/2014, the patient was seen for orthopedic preoperative evaluation. She has been recommended to undergo left shoulder surgery on 3/7/2014. She has continued symptomatology in the left shoulder and wishes to proceed with the recommended surgery. Symptomatology in her cervical spine and lumbar spine is essentially unchanged. The physical examination of the cervical spine, examination is reported as remained unchanged. There is a well healed anterior scar, tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, and pain with terminal motion. The diagnoses are C3 to C6 hybrid cervical reconstruction, left shoulder impingement, rule out rotator cuff pathology, electrodiagnostic evidence of carpal tunnel syndrome and referral polyneuropathy and lumbar discopathy. No medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

C2-3, C3-4, C4-5 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 9ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet joint pain, signs & symptoms; Facet Joint Diagnostic Blocks, Facet joint injections.

Decision rationale: According to the California MTUS/ACOEM guidelines, under the summary of recommendations for evaluating and managing neck and upper back complaints, facet injection of corticosteroids and diagnostic blocks are not recommended. According to the Official Disability Guidelines, the most common symptom of facet pain is unilateral pain that does not radiate past the shoulder. Physical findings of signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and discogenic pain. Characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. In this case, the medical records do not establish the presence of signs/symptoms and objective findings consistent with facet-mediated pain. Furthermore, per the guidelines, cervical facet blocks must be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The request exceeds the guidelines criteria for blocks. Therefore the request is not medically necessary.