

Case Number:	CM14-0040927		
Date Assigned:	09/05/2014	Date of Injury:	10/14/2011
Decision Date:	10/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family 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 injured worker is a 52 year old female whose date of injury is 10/14/2011. The mechanism of injury is described as handling files in file room. MRI of the cervical spine dated 07/13/12 revealed mild facet arthropathy at C4-5 and C5-6. The injured worker was authorized for pain management referral on 03/21/14. Diagnoses are cervicgia, sprain of wrist, sprain of shoulder/arm nos, sprain of neck, cervical radiculitis and brachial neuritis nos. Evaluation dated 08/14/14 indicates that she has had temporary benefit with cervical epidural steroid injection. She complains of 6/10 pain in the neck, right shoulder and right arm. Treatment to date is noted to include acupuncture, epidural steroid injections, chiropractic and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for possible C5 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment In Workers Compensation, 2014 web-based edition; California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: Based on the clinical information provided, the request for referral to pain management for possible C5 facet block is not recommended as medically necessary. The submitted records indicate that the injured worker has been recommended for a functional restoration program which indicates a finding of exhaustion of lower levels of care to include injection therapy. The injured worker presents with a diagnosis of cervical radiculitis. The Official Disability Guidelines note that facet injections are limited to injured workers with neck pain that is non-radicular. A prior utilization review noted that the injured worker is status post cervical fusion; however, there is no information provided regarding this surgery. Therefore the request is not medically necessary.