

Case Number:	CM14-0054084		
Date Assigned:	07/07/2014	Date of Injury:	07/29/2013
Decision Date:	09/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/22/2014

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 40-year-old female who was reportedly injured on July 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 25, 2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated tenderness to palpation over the facet joints of the cervical spine and a decreased range of motion. Motor function and sensory function were noted to be intact. Diagnostic imaging studies were not presented for review. Previous treatment included operative interventions, multiple imaging studies, multiple medications and pain management interventions. A request was made for cervical facet injections and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injection left C4-5/C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Neck & Upper Back Procedure Summary last updated 03/07/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 -175.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is little proven benefit in treating acute neck and upper back symptoms with injections. Furthermore, the records reflect that the previous injections responded to the lidocaine, but there are no responses to steroid injections. As such, there is no clear clinical indication that these injections would have any functional benefit. Furthermore, the progress notes talk about appellation and not cervical facet injections. Therefore, based on the clinical information presented for review, this request is not medically necessary.