

Case Number:	CM14-0056674		
Date Assigned:	07/09/2014	Date of Injury:	08/18/2006
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain associated with an industrial injury of August 18, 2006. Thus far, the applicant has been treated with analgesic medications, and earlier cervical fusion surgery. In a March 13, 2014 progress note, the applicant was given a diagnosis of pseudoarthrosis of the cervical spine. The applicant was apparently working at light job with a 25-pound lifting limitation in place. The applicant did have complaints of bilateral arm pain about the C7 distribution. The attending provider stated that the applicant had obtained long remissions from facet joint blocks in the past. Decreased sensorium is noted about the C7 distribution. Medrol Dosepak was endorsed, along with permanent work restrictions. The applicant did have primary diagnosis of pseudoarthrosis of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection, cervical spine C4-C5-C6, per 3/19/14 form: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back (updated 3/7/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, facet injections of corticosteroids are not recommended. It is further noted that the ACOEM do establish some limited role for facet injections despite the unfavorable overall recommendation. In this case, however, there is considerable lack of diagnostic clarity. The applicant was described as having cervical radiculopathy/cervical radicular complaints status post cervical fusion surgery. The applicant had neck pain radiating to the arm and dysesthesias noted on exam. The attending provider also suggested that painful retained hardware could also represent the source of the applicant's complaints. All the above, taken together, implies a considerable lack of diagnostic clarity. Therefore, the proposed cervical facet injections are not medically necessary.