

Case Number:	CM14-0065247		
Date Assigned:	07/11/2014	Date of Injury:	05/11/2011
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 reportedly associated with an industrial injury of May 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and topical agents. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for multilevel cervical facet injections with monitored sedation, invoking non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant presented with persistent complaints of neck pain, shoulder pain, elevated blood pressure, and temporomandibular joint disorder. The applicant did have tenderness about the occipital region with limited range of motion about the bilateral shoulders secondary to pain. The applicant was placed off of work, on total temporary disability. On May 6, 2014, the applicant's primary treating provider again placed her off of work, on total temporary disability. The applicant was having ongoing issues with neck pain, chronic headaches, shoulder impingement syndrome, and temporomandibular joint disorder. The applicant had also developed some psychiatric issues, it was acknowledged. Tramadol was renewed while the applicant was again placed off of work, on total temporary disability. In an applicant questionnaire dated February 10, 2014, the applicant stated that she had persistent complaints of neck pain radiating to her arms, along with a primary complaint of headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION RIGHT SIDE C2-3, C3-4 AND C6-7 WITH MONITOR

SEDATION: 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 chapter.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, as are being proposed here, are deemed "not recommended." In this case, there is furthermore considerable lack of diagnostic clarity as the attending provider has posited that the applicant may have facetogenic pain, radicular pain associated with the cervical spine, pain associated with psychological stress, and/or pain associated with temporomandibular joint disorder. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the same. Accordingly, the request is not medically necessary.