

Case Number:	CM14-0071903		
Date Assigned:	07/16/2014	Date of Injury:	03/26/1997
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 records, presented for review, indicate that this 62-year-old male was reportedly injured on March 26, 1997. The most recent progress note, dated April 28, 2014, indicated that there were ongoing complaints of cervical pain and shoulder pain. The physical examination demonstrated right shoulder flexion of 150, restricted range of motion of the cervical spine in multiple planes and abduction strength of 4+/5 bilaterally. Previous treatment included injections, therapy and activity modifications. A request had been made for cervical 1-2 facet injections and was not certified in the pre-authorization process on May 2nd, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical one (1) to two (2) facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Treatment in Workers' Compensation/Neck-Official Disability Guidelines (ODG), Treatment Index, 18th Edition (web), 2013, Treatment in Workers' Compensation, Neck-Facet joint Therapeutic Steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG): ODG -TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) (updated 08/04/14)

Decision rationale: CA MTUS/ACOEM guidelines indicate there to be no proven benefit in treating neck symptoms within injections of the facet joints. Additionally, ODG guidelines do not recommend therapeutic intra-articular and medial branch blocks of the cervical spine, noting that if used anyway, the clinical presentation should be consistent with signs and symptoms of facet joint pain, and there should be no evidence of radicular pathology. The medical record includes a diagnosis of a cervical radiculopathy, and there is no MRI provided supporting a diagnosis of facet joint pain. When considering the lack of guideline support, and the absence of the necessary documentation in the medical history to identify the facet joints as the primary pain generator, this request would not be considered medically necessary.