

Case Number:	CM14-0072433		
Date Assigned:	07/16/2014	Date of Injury:	07/16/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
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 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:

This is a 37 year old female with a 7/16/2013 date of injury. She slipped on water in the women's restroom, fell down onto her left side and landed onto the left side of her body. A progress report dated 4/21/14 noted continued head and neck pain. The neck pain radiated to the occipital region but not to the distal upper extremity. Objective findings include tenderness over the mid right sided facet joints from approximately C3 to C6. Electromyography (EMG) of the upper extremities done on 9/12/13 was normal. Diagnostic Impression: cervicgia Treatment to Date: medication management A UR decision dated 4/30/14 denied the request for right cervical facet joint injection from C3 to C6 under fluoroscopic guidance with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right cervical facet joint injection from C3 to C6 under fluoroscopic guidance with IV 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 and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back Chapter and Other Medical Treatment Guideline or Medical Evidence:
<http://en.wikipedia.org/wiki/Sedation>.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, although the patient appears to have facet mediated pain, the requested modality is for more than the recommended 2 joint levels per ODG. Furthermore, there is no clearly documented formal plan for additional exercise or other therapy. A search of online resources yields the definition of sedation as the reduction of irritability or agitation by administration of sedative drugs, generally to facilitate a medical procedure or diagnostic procedure. IV sedation refers to the intravenous route of administration of these sedative drugs. Since the facet joint injection was not found to be medically necessary, the associated request for IV sedation cannot be substantiated. Therefore, the request for one right cervical facet joint injection from C3 to C6 under fluoroscopic guidance with IV sedation was not medically necessary.