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| Case Number: | CM14-0072598 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 08/06/2009 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 05/08/2014 |
| 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 64 year old male with an injury date on 08/06/2009. Based on the 03/31/2014 progress report provided by the treating physician, the diagnoses are, spine-cervical spondylosis without myelopathy and spine-cervical radiculopathy. According to this report, the patient complains of chronic neck pain. The patient indicated that the pain score without medication was 9/10 and with medication was 4/10. The patient's current medications are alprazolam 0.5 mg and hydrocodone 10 mg-acetaminophen 325 mg. The examinations of the cervical spine were not provided for review. There were no other significant findings noted on this report. The treating physician is requesting facet injection cervical spine. The treating physician provided treatment reports from 03/31/2014 to 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on the MTUS American College of Occupational and Environmental Medicine (ACOEM), chapter 8: Neck and Upper Back Complaints, pages 174-

175 and on the Non-MTUS Official Disability Guidelines (ODG), Neck chapter: Facet Joint Injections.

Decision rationale: According to the 03/31/2014 report by the treating physician this patient presents with chronic neck pain. The treating physician is requesting facet injection cervical spine. Per the treating physician, an MRI documents facet arthropathy and the patient has no radiculopathy. Regarding facet injection, the MTUS does not address it, but the ACOEM chapter 8, pages 174-175 and the ODG neck chapter for facet joint injections does address this procedure. If facet joints are to be investigated, the ODG guidelines do not recommend more than 2 joint levels at one time. In this case, the request is for cervical facet injections but the request does not define which levels to be injected. The treating physician must define which levels to be injected for consideration. Recommendation is for denial. As such, the request is not medically necessary.