

Case Number:	CM14-0084123		
Date Assigned:	07/25/2014	Date of Injury:	02/17/2009
Decision Date:	09/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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 injured worker is a 56-year-old female who was reportedly injured on February 17, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated August 13, 2014, indicated that there were ongoing complaints of neck pain. Also, the injured employee had recently been hospitalized for congestive heart failure. The ejection fraction was noted to be 30%. The physical examination demonstrated a 5'5", 242 pound individual who has a guarded cervical spine range of motion and is tender to palpation and there was no sensory motor loss identified. Spurling's test was negative. Diagnostic imaging studies were reported to demonstrate foraminal stenosis, a Grade I anterolisthesis and mild degenerative changes at C5-C6 with a disc osteophyte complex. Previous treatment included medications, physical therapy, acupuncture and other pain management interventions. A request was made for cervical facet injections and was non-certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient diagnostic cervical facet injections at unspecified level: Upheld

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

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

Decision rationale: The progress notes presented for review do not outline what levels are to be addressed with facet injections. Therefore, it is difficult to ascertain if there is a medical necessity for this procedure. Furthermore, as outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there is no proven benefit in treating acute and chronic back problems with such injections. Therefore, when combining the lack of specific information as to the level and by the lack of objective findings on imaging studies and the criterion outlined in the ACOEM guidelines, the medical necessity has not been established.