

Case Number:	CM14-0085946		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2009
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 49 year-old individual was reportedly injured on September 17, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion. Diagnostic imaging studies included a previous treatment includes disc replacement surgery had C5-C6 & C6-C7, injection therapies, facet joint injections, multiple medications , chiropractic care and pain management interventions. A request had been made for steroid injections and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Block Injection-bilateral costovertebral injections at right T6, T8 and left T3,4:
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): 174-5.

Decision rationale: As outlined in the MTUS, invasive techniques such as facet injections have no proven benefit in treating people with upper back symptoms. While noting that many pain physicians employ such technique, there is simply no evidence to suggest any reasonable efficacy with this procedure. As such, this is not medically necessary.