

Case Number:	CM14-0136522		
Date Assigned:	03/09/2015	Date of Injury:	04/20/2011
Decision Date:	04/13/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review Report dated August 15, 2014, the claims administrator failed to approve a request for multilevel cervical facet injections. The claims administrator referenced an August 12, 2014 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On May 6, 2014, the applicant reported multifocal complaints of neck, low back, mid back, shoulder, hip, elbow, and knee pain reportedly attributed to cumulative trauma at work. The applicant was on Percocet for pain relief. The applicant reportedly had electrodiagnostically confirmed carpal tunnel syndrome, it was stated. The applicant had undergone multiple shoulder surgeries, had shoulder adhesive capsulitis, elbow epicondylitis, and cervical anterolisthesis plus cervical disk disease. Percocet, Soma, and acupuncture were endorsed. The applicant's work status was not clearly stated. The applicant had received earlier cervical facet injection on December 11, 2013. Repeat facet injections were endorsed via an RFA form dated August 12, 2014. In an associated progress note of the same date, August 12, 2014, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was given various diagnoses, including lumbar radiculopathy, cervical degenerative disk disease, myofascial pain syndrome, and lumbar facet arthropathy. Multiple tender points were noted about the cervical paraspinal region. Cervical facet injections were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C5-6 AND C6-7 FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the proposed cervical facet injections are not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections of corticosteroids are deemed "not recommended." Here, it is noted that there is considerable lack of diagnostic clarity present here as the applicant has been given various diagnoses, including multifocal pain complaints secondary to cumulative trauma, myofascial pain syndrome, cervical degenerative disk disease, etc. The request, thus, is not indicated both owing to (a) the considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.