MAXIMUS Federal Services

Case Number:	CM14-0194299		
Date Assigned:	12/02/2014	Date of Injury:	10/21/2013
Decision Date:	01/29/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab 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 53 year old male who was injured when he was trying to get a golf cart unstuck. He attempted to push the cart with his head while he put a rock under the wheel. The date of injury was October 21, 2013. His diagnosis was C5-C6 cervical disk with neck pain and radiculopathy. On January 6, 2014, an MRI revealed broad based disk bulge at C5-6 causing moderate spinal canal stenosis and cord impingement. On April 14, 2014, he underwent an anterior cervical discectomy and fusion at C5-6. On July 28, 2014, physical examination revealed some paraspinous spasming along the spine at approximately C4 down to C7. In the neck he had decreased range of motion to about 30 degrees to the right and about 90 degrees to the left. He complained of pain when he moved. In follow up exam on October 7, 2014, the injured worker stated that he still had some interscapular muscle pain but feels better. He stated that the trigger point injections and physical therapy had been helpful. Medication was also listed in the medical record as a treatment. A request was made for ultrasound guided bilateral cervical facet joint injections C5-C6 quantity of one. On November 5, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet joint injections at C5-C6: Upheld

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

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

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 174, states that invasive techniques, such as injections have no proven benefit in treating acute neck and upper back symptoms. For this reason, the guidelines do not recommend the current treatment. Moreover, this patient has a history of a cervical fusion, and thus there would need to be a very specific discussion of the rationale and indication for such injections if these injections were to be considered, particularly at the same level of the prior fusion. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.