

Case Number:	CM14-0194710		
Date Assigned:	12/02/2014	Date of Injury:	06/08/1993
Decision Date:	01/14/2015	UR Denial Date:	11/19/2014
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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 57 female who sustained an industrial injury on 06/08/1993. The mechanism of injury was repetitive motion. Her diagnoses include cervical spondylosis, cervicgia, and cervical disc degeneration. She complains of neck pain. On physical exam there is decreased range of cervical motion. Motor and reflex testing in the upper extremities is normal; negative tension sign and mild cervical extension and rotation loss. Treatment has consisted of medical therapy with Norco. The treating provider has requested fluoroscopy conscious sedation, bilateral C3-4, C4-5, C5-6, C6-7 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy Conscious sedation, Bilateral C3-4, C4-5, C5-6, C6-7 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-178. Decision based on Non-MTUS Citation ODG, Treatment index, 11th Edition (web), 2014, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Pain (Acute and Chronic) , Facet joint diagnostic blocks.

Decision rationale: Per the reviewed guidelines the request for fluoroscopy, conscious sedation and facet injections is not medically necessary. Per Official Disability Guidelines (ODG) facet injections are limited to patients with chronic cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 joint levels should be injected in one session. In this case the request is for 4 level facet injections and no documentation was provided regarding a formal plan of rehabilitation in addition to the facet injection therapy. As the primary service of bilateral facet injections is not supported, the requested service of bilateral fluoroscopy and conscious sedation are not supported. The requested services are not medically necessary.