

Case Number:	CM14-0205675		
Date Assigned:	12/17/2014	Date of Injury:	04/19/2013
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 case concerns a 45 yo female who sustained an industrial injury on 04/19/2013. The mechanism of injury was not provided for review. Her diagnoses include post-concussive syndrome, cervical facet arthropathy, and neck pain. She continues to complain of neck pain with associated numbness, tingling, and weakness down the left arm into the left hand. On physical exam there is decreased range of cervical motion and tenderness in the cervical spine with no specific neurological deficits noted. Treatment has consisted of medical therapy including opiates and physical therapy. The treating provider has requested cervical facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections in neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Neck - Facet joint therapeutic injections

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

Decision rationale: Per 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. The claimant's presentation is not consistent with facet-medicated symptoms as there is documented radicular hand symptoms including hand numbness. Medical necessity for the requested item is not established. The requested item is not medically necessary.