

Case Number:	CM15-0001040		
Date Assigned:	01/12/2015	Date of Injury:	06/14/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 57 year old female who sustained an industrial injury on June 14, 2013. She reports severe pain of the neck and has been diagnosed with status post anterior cervical decompression and fusion at C4-C7 and rule out pseudoarthrosis. Treatment to date has included medical imaging, surgery, pain medications, brace, and physical therapy. Currently the injured worker complains of neck pain that radiates into the right arm with associated numbness and tingling sensation of the right hand, as well as shooting and burning sensation into the thumb of the right hand. The treatment plan included medical imaging and facet block injection. On December 15, 2014 Utilization Review non certified bilateral facet injection at C4-C5 under fluroscopic guidance and final laboratory confirmation of urine drug tests results collected on November 25, 2014 without cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection at C4-C5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to medical guidelines lower back Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. according to the medical records there is no indication why this is needed and thus not medically necessary.

Final laboratory confirmation of urine drug test results collected on 11/25/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug screen Page(s): 43.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above and therefore not medically necessary.