

Case Number:	CM15-0016906		
Date Assigned:	02/05/2015	Date of Injury:	07/08/2009
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on July 8, 2009. The diagnoses have included cervical spine sprain/strain, disc protrusion at C3-4, left and right shoulder repair. Treatment to date has included Magnetic resonance imaging cervical spine and Magnetic Resonance Angiogram of right shoulder. Currently, the injured worker complains of right and left shoulder pain the right radiates into neck and bilateral upper extremities. In a progress note dated December 19, 2014, the treating provider reports the injured worker moves with stiffness and protectively, tenderness to bilateral shoulders, positive cervical compression test and distraction test, positive Hawkins and Neer's test on right and left. On December 30, 2014 Utilization Review non-certified an injection left side C3-4 and C4-5 diagnostic facet blocks at the level of medial branches, noting, Medical Treatment Utilization Schedule Guidelines as cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Left Side C3-4 and C4-5 Diagnostic Facet Blocks At The Level of Medial Branches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Blocks, Updated November 18, 2014.

Decision rationale: The official disability guidelines indicate that there should be an absence of a radiculopathy before considering facet joint injections of the cervical spine. The attached medical record does indicate there are complaints of radicular symptoms and the MRI the cervical spine does indicate a disc protrusion abutting the exiting right sided C4 nerve root. Furthermore, there is no comment of facet arthropathy on this MRI to potentially justify facet injections. Considering the injured employees radicular symptoms and lack of MRI findings, this request for left-sided C3 - C4 and C4 - C5 facet blocks is not medically necessary.