

Case Number:	CM15-0017013		
Date Assigned:	02/02/2015	Date of Injury:	11/16/2011
Decision Date:	04/22/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/26/2015

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: Texas, 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 55 year old female injured worker suffered and industrial injury on 11/16/2011. The diagnoses were bilateral carpal tunnel syndrome, left elbow pain, neck pain, bilateral upper extremity pain, right knee pain, bilateral hip pain and bilateral foot pain rated as 8/10. The diagnostic studies were cervical magnetic resonance imaging on 2/5/10 and x-rays of the cervical spine that revealed disc protrusion and foraminal narrowing. The treatments were physical therapy. The treating provider reported pain in the neck with numbness in bilateral arm and headaches. The patient's surgical history includes left CTR on 5/17/14. Per the PT note dated 11/11/14 patient had complaints of pain in cervical region at 4/10. Physical examination revealed tenderness on palpation and normal ROM. Per the doctor's note dated 11/19/14 patient had complaints of pain in neck with numbness in bilateral hands at 6/10. Physical examination revealed limited range of motion of the cervical spine. The past medical history includes bilateral CTS. The medication list includes Naproxen, Pheniramine, Lisinopril and Atorvastatin.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 facet joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections.

Decision rationale: Request: C5-6 facet joint injection. CA MTUS does not address facet injection. Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: There should be no evidence of radicular pain, spinal stenosis, or previous fusion." The diagnostic studies were cervical magnetic resonance imaging on 2/5/10 and x-rays of the cervical spine that revealed disc protrusion and foraminal narrowing. The treating provider reported pain in the neck with numbness in bilateral arm and headaches. There is a possibility of radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Patient has received an unspecified number of PT visits for this injury. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for C5-6 facet joint injection is not medically necessary.