

Case Number:	CM15-0133265		
Date Assigned:	07/21/2015	Date of Injury:	07/08/2009
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male who sustained an industrial injury on 07/08/2009. Mechanism of injury occurred when he was looking under the stairs and the bottom of the stair hit the injured worker in the face and broke his glasses and injured his left eye. Diagnoses include headache, cervical pain-cervicalgia, lumbago-low back pain, and encounter for long-term use of medications. Treatment to date has included diagnostic studies, medications, status post emergency laser surgery to his eye and retinal surgery, and additional surgeries to eye, and physical therapy. He is not working, he is on permanent disability. Medications include Hydrocodone, Gabapentin, and Zolpidem. A physician progress note dated 05/14/2015 documents the injured worker complains of headaches which he has daily and it is right sided, occipital, parietal and temporal but it can be global in nature. It varies in intensity and it is constant. Medications help somewhat. He also has neck pain. Neck range of motion is limited. The lumbar spine has restricted range of motion and there is tenderness present. The treatment plan includes a Magnetic Resonance Imaging of the neck, and Botox injections. Treatment requested is for cervical spine medial block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine medial block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2013, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, facet joint injections.

Decision rationale: The MTUS ACOEM guidelines on neck and upper back complaints do not recommend use of facet joint injections. The ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request based on the lack of evidence and guidelines support for the procedure. The provided documents do not provide compelling evidence for consideration, and given the overall lack of support from the MTUS, the request is not considered medically necessary in this case.