

Case Number:	CM15-0142486		
Date Assigned:	08/03/2015	Date of Injury:	10/10/2014
Decision Date:	09/08/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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 injured worker is a 50 year old female who sustained an industrial injury on 10-10-2014. Mechanism of injury was a motor vehicle accident in her job as a [REDACTED] Officer. Diagnoses include cervicgia, degeneration of cervical disc, bilateral carpal tunnel syndrome, and right shoulder pain in joint. Treatment to date has included diagnostic studies, medications, status post endoscopic carpal tunnel release on 04-08-2015, status post right endoscopic carpal tunnel release and right shoulder arthroscopy with joint debridement and acromioplasty on 05-18-2015, physical therapy, chiropractic sessions, Mulligan self-snags, and bilateral carpal tunnel braces. She has tenderness along the right paravertebral area between the C5 and C7 level. Cervical range of motion is limited. There is mild tenderness around the right shoulder girdle. On 01-07-2015 an Electromyography revealed electrical evidence for moderate right slightly worse than left carpal tunnel syndrome. She is currently not working. A physician progress note dated 06-17-2015 documents the injured worker complains of neck pain, right shoulder pain and bilateral arm paresthesias. She rates her pain as 4 out of 10. There is tenderness along the right paravertebral area between C5 and C7. She flexes neck 60 degrees without increased pain, extends 50 degrees with neck pain and rotates bilateral 70 degrees with neck pain rotating to the right. There is mild tenderness also around the right shoulder girdle. Shoulder range of motion is full and pain free. Cervicgia associated with a motor vehicle accident and she has plateaued with physical therapy, chiropractic sessions and treatment with NSAIDs. Pain is likely associated with posterior element pain more likely than not associated with the facet joints. Treatment requested is for right C5-6 facet injection #1, and right C6-7

facet injection #1. The patient has had MRI of the cervical spine on 12/22/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG on 1/7/15 of upper extremity that revealed bilateral CTS. The patient's surgical history include Left Hip replacement. The patient has had history of neck pain with numbness in upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 facet injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks Facet joint therapeutic steroid injections.

Decision rationale: 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." 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 patient has had MRI of the cervical spine on 12/22/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. A physician progress note dated 06-17-2015 documents the injured worker complains of neck pain, right shoulder pain and bilateral arm paresthesias. The patient has had history of neck pain with numbness in upper extremity. 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 medical necessity of the request Right C5-6 facet injection #1 is not fully established in this patient. Therefore, the request is not medically necessary.

Right C6-7 facet injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks Facet joint therapeutic steroid injections.

Decision rationale: 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." 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 patient has had MRI of the cervical spine on 12/22/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. A physician progress note dated 06-17-2015 documents the injured worker complains of neck pain, right shoulder pain and bilateral arm paresthesias. The patient has had history of neck pain with numbness in upper extremity. 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 medical necessity of the request Right C6-7 facet injection #1 is not fully established in this patient. Therefore, the request is not medically necessary.