

Case Number:	CM15-0143173		
Date Assigned:	08/04/2015	Date of Injury:	07/21/2006
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63 year old female, who sustained an industrial injury on 7-21-06. The injured worker was diagnosed as having multilevel cervical spondylosis with spondylolisthesis, cervical facet syndrome status post C6-7 fusion in 2002 with overlying myofascial pain, chronic pain, and reactive depression. Treatment to date has included physical therapy, injections, medial branch blocks, radiofrequency ablation, and medication. A physician's report noted intra-articular injections in 2011 provided excellent pain relief for 6-8 months and increased cervical range of motion. Currently, the injured worker complains of neck and bilateral shoulder pain. The treating physician requested authorization for bilateral C3-4 and C4-5 intra-articular facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4, C4-C5 intra-articular facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 174, 181, 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Bilateral C3-C4, C4-C5 intra-articular facet injection, guidelines state facet joint therapeutic steroid injections are not recommended. They go on to state no more than one therapeutic intra-articular block is recommended. Within the documentation available for review, the patient has had therapeutic injections in the past and has also had radio frequency ablation done more than one time. There is no documentation of objective functional improvement from the prior intra-articular facet injections. As such, the currently requested Bilateral C3-C4, C4-C5 intra-articular facet injection is not medically necessary.