

Case Number:	CM15-0185652		
Date Assigned:	09/25/2015	Date of Injury:	09/14/2011
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, 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 year old female, who sustained an industrial injury on September 14, 2011 incurring upper back and neck injuries. She was diagnosed with cervical spondylosis, cervical radiculopathy, right shoulder tendinitis, right de Quervain's tenosynovitis and right elbow epicondylitis. Treatment included cervical epidural steroid injection, neuropathic medications, pain medications, and activity restrictions. Currently, the injured worker complained of intractable right sided neck pain radiating to the upper back and right arm and shoulder with numbness and tingling in the right forearm and bilateral hands. She noted persistent muscle spasms in the cervical spine region. The injured worker had restricted range of motion, weakness and loss of strength. Electromyography studies were unremarkable. On January 7, 2015, a cervical Magnetic Resonance Imaging revealed disc protrusion compressing the thecal sac. The treatment plan that was requested for authorization on September 21, 2015, included a referral for a cervical facet block injection. On September 11, 2015, a request for a referral for a cervical facet block injection was non-certified by utilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a C5-6 and C6-7 facet block injection: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: In this case, the claimant has persistent pain with facet tenderness. The claimant did not have radicular signs and did not respond to an ESI. The claimant also did not respond to a trigger point injections and was referred to an orthopedic surgeon. The surgeon's request for a facet block is appropriate based on symptoms and failure of other interventions. Therefore, the requested treatment is not medically necessary.