

Case Number:	CM15-0186718		
Date Assigned:	09/28/2015	Date of Injury:	04/05/2012
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: 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:

This is a 57 year old female whose date of injury was April 5, 2012. Medical documentation indicated the injured worker was treated for diagnoses right facet joint pain C7-T1, cervical facet joint arthropathy, and chronic neck pain. She reported bilateral neck pain right worse than left, bilateral low back pain and right shoulder pain (8-25-15 and 7-21-15). She reported a 70% improvement of her right neck pain from the fluoroscopically guided right C4-5 and C6-7 facet rhizotomy on 4-17-15. She still had persistent right lower neck pain in the C7-T1 distribution. Objective findings include tenderness to palpation of the cervical paraspinal muscles over bilateral C7-T1 facet joints. Cervical spine range of motion was limited by pain in all directions with cervical extension worse than cervical flexion. The injured worker failed conservative therapy to include physical therapy and NSAIDS. A request for authorization for fluoroscopically guided diagnostic facet injection of right C7-T1 was received on September 8, 2015. On September 15, 2015, the Utilization Review physician determined fluoroscopically guided diagnostic facet injection of right C7-T1 was not medically necessary based on CA MTUS ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic facet injection, right C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: In this case, the claimant underwent facet rhizotomy in the past with success. The claimant does not have radicular symptoms. The pain is persistent despite conservative measures. Although another facet injection may be beneficial, it is likely to provide short-term benefit as the previous one. The ACOEM guidelines do not recommend injections due to their short-term benefit. In addition, there was no justification for requiring fluoroscopic guidance. As a result, the request for diagnostic injection is not medically necessary.