

Case Number:	CM15-0205231		
Date Assigned:	10/22/2015	Date of Injury:	07/29/2013
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, California
 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 applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, and forearm pain reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for cervical facet blocks. A September 10, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 12, 2015, the applicant was placed off of work, on total temporary disability. Motrin was endorsed. The applicant was described as carrying diagnoses of cervical radiculitis, lumbar radiculitis, and bilateral shoulder impingement syndrome. Ongoing complaints of neck pain radiating into the bilateral arms with associated paresthesias was reported, 8-9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for a cervical facet injection at C6-C7 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections of corticosteroids, i.e., the article at issue here, are deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for selection of facet joint injection therapy in the face of the (a) unfavorable ACOEM position and (b) in the face of the claimant's having active cervical radicular pain complaints, with ongoing issues of neck pain radiating into the arms and associated upper extremity paresthesias reported on October 12, 2015. Therefore, the request is not medically necessary.