

Case Number:	CM15-0207320		
Date Assigned:	10/26/2015	Date of Injury:	03/27/2015
Decision Date:	12/07/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/21/2015

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 52 year old male, who sustained an industrial injury on 3-27-2015. The injured worker was diagnosed as having thoracic spondylosis, thoracic sprain, idiopathic scoliosis and kyphoscoliosis, cervicgia, and cervical disc degeneration. Treatment to date has included diagnostics, unspecified "therapy" per progress report 7-09-2015, and medications. Currently (9-10-2015), the injured worker complains of left upper and mid level thoracic muscle spasming and discomfort. Pain was not rated. The treating physician documented that he had a "very thorough workup", which did not show evidence of disc pathology or nerve compression. He had diffuse tenderness over the thoracic facet joints and scapular retractor muscles, left side upper and mid thoracic levels. He was given samples of and prescribed Zipsor. For diagnostic purposes, T3-T7 left sided thoracic injection was recommended. His work status was full duty. On 9-17-2015 Utilization Review non-certified a request for palpation-patient directed left T3- T7 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Palpation/patient directed left T3-T7 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 27.

Decision rationale: According to the guidelines, neck injections are not recommended due to their short term benefit and poor quality studies to support their use. In this case, the amount of injection and specific location (left/right) was not specified. The 5 levels of injections are excessive for one setting. The request for the injections is not medically necessary.