

Case Number:	CM15-0207990		
Date Assigned:	10/26/2015	Date of Injury:	03/06/1997
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Connecticut, California,

Virginia

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 injured worker is a 60 year old female who sustained an industrial injury on 03-06-1997. According to a progress report dated 08-10-2015, the injured worker was status post cervical surgery on 04-10-2015 to address a level of pathology at C4-5. She had done "very well" but was having increased pain distally. Objective findings was noted as intact upper extremity neurologic function. The provider noted that AP and lateral views of the cervical spine recently completed revealed excellent progressive bony consolidation at the surgical sit. Inferiorly at C7-T1, she was having subluxation. There was associated facet arthrosis and this was the level where she was having her pain and migraine headaches. The treatment plan included facet injection-medial branch block at C7-T1. An x-ray report dated 08-10-2015 showed postoperative changes. Hardware was in place and intact. The alignment was unchanged since the previous study. Degenerative change and mild anterolisthesis of C7 upon T1 was stable. Impression included postoperative changes from fusion. Appearance was stable since prior. According to a physical therapy progress report dated 09-30-2015, the injured worker received 4 physical therapy treatments since 08-03-2015 re-assessment. She had been having extreme headaches 5-6 days a week that had prevented weekly treatments. Her right cervical, shoulder and upper extremity symptoms had progressively worsened. There were days where she was unable to lift her right arm, beyond chest level unless supported by her left hand. Treatments have included cervical rehabilitation, bilateral upper extremity stabilization training, gentle range of motion exercises, neurovascular calming, myofascial release, soft tissue mobilization, [REDACTED] method integrative motor planning and home programs. She had been unable to tolerate strengthening exercise this series. On 10-13-2015, Utilization Review non-certified the request for C7-T1 facet injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 facet injection x1: 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): Initial Care.

Decision rationale: The MTUS ACOEM guidelines on neck and upper back complaints do not recommend use of facet joint injections. The ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request based on the lack of evidence and guidelines support for the procedure. The provided documents do not provide compelling evidence for consideration, particularly as there is no objective physical exam from the treating physician to correlate with the request. Given the overall lack of support from the MTUS and lack of objective physical exam findings to corroborate with the procedure, the request is not medically necessary.