

Case Number:	CM15-0023523		
Date Assigned:	02/13/2015	Date of Injury:	07/19/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female who reported an injury on 07/19/2013 due to an unspecified mechanism of injury. On 01/15/2015, she presented for a follow-up evaluation regarding her neck and left shoulder and low back pain. She reported that she had undergone an ESI on 01/06/2015 but had not noticed much pain relief from the injection. She reported that the pain was rated at a 3/10 to 4/10 with her medications and an 8/10 to 9/10 without medications. A physical examination showed 5/5 bilateral lower extremity strength, intact sensation, and no clonus or increased tone. Babinski's sign was negative, sciatic notches were pain free to palpation, and sacroiliac joints were nontender. There was tenderness over the paraspinals on the left and increased pain with flexion and extension with a positive straight leg raise on the left. The cervical spine showed 4/5 left shoulder strength due to pain. There was tenderness over the cervical paraspinals and tenderness over the facet joints at the C5-6 and C6-7. Her gait was antalgic and it was also noted that she had reduced range of motion in all planes. She was diagnosed with cervical discogenic pain and cervical facet pain, as well as chronic pain syndrome. The treatment plan was for a cervical facet injection at the C5-6 and C6-7 under fluoroscopic guidance and conscious sedation. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injections C5-6 and C6-7 under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, facet injections.

Decision rationale: The Official Disability Guidelines recommend facet joint injections when the injured worker has signs and symptoms consistent with facet joint pain and only when there is anticipation that, if successful, a facet neurotomy will be performed. The documentation provided fails to show that the injured worker has signs and symptoms consistent with facet joint pain to support the request. Also, there is a lack of documentation showing that she has undergone all recommended conservative care at least 4 to 6 weeks prior to the procedure. In addition, there is a lack of evidence showing that, if successful, a facet neurotomy would be performed. Furthermore, no clear rationale was provided for the medical necessity of conscious sedation. Therefore, the request is not supported. As such, the request is not medically necessary.