

Case Number:	CM15-0029334		
Date Assigned:	02/23/2015	Date of Injury:	07/12/2013
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

This 63-year-old female sustained a work related injury on 07/12/2013. According to a progress report dated 01/29/2015, the injured worker was re-evaluated for right wrist pain. Medication regimen included Norco and Flexeril. Voltaren gel continued to be helpful. Epidural steroid injections were not helpful. She continued to experience right wrist pain and numbness in the right hand. Pain was worse with standing and lifting. Electromyography performed on 11/19/2014, revealed bilateral moderate carpal tunnel syndrome. Cervical MRI dated 12/05/2014 revealed moderate to severe narrowing of the neural foraminal bilaterally at C4-5 from a combination of uncovertebral arthrosis and facet arthropathy. Moderate bilateral neural foramen compromise was on the right at C3-4. Impression included anxiety, chronic pain syndrome, radial styloid tenosynovitis, lateral epicondylitis of elbow, brachial neuritis or radiculitis not otherwise specified, carpal tunnel syndrome of right wrist status post release, right wrist and hand pain and right hand paresthesias. On 02/09/2015, Utilization Review non-certified right C5-C6 & C6-C7 facet joint injection under fluoroscopic guidance and conscious sedation. According to the Utilization review physician, there was insufficient documentation of physical exam findings to suggest facet joint pain such as tenderness over the facet joints, positive facet loading and pain with extension and lateral flexion/rotation. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 & C6-C7 facet joint injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injections the patient must have had initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. The patient's previous epidural steroid injection did not provide a significant duration of relief. Right C5-C6 & C6-C7 facet joint injection under fluoroscopic guidance and conscious sedation is not medically necessary.