

Case Number:	CM15-0215005		
Date Assigned:	11/04/2015	Date of Injury:	02/26/2014
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/02/2015

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 38 year old male, who sustained an industrial injury on 2-26-2014. Medical records indicate the worker is undergoing treatment for chronic neck pain with prior anterior cervical discectomy and fusion. A recent progress report dated 10-2-2015, reported the injured worker complained of neck pain with intermittent parasthesias in both arms, rated 5 out of 10. Physical examination revealed cervical 5-thoracic 1 tenderness to palpation and "reduced range of motion." Cervical magnetic resonance imaging from 4-2-2015 showed artificial disc at cervical 4-5 and at cervical 6-7 there is a persistent left disc-osteophyte complex resulting in stenosis. Treatment to date has included physical therapy and medication management. The physician is requesting cervical 4-5 and 6-7 facet injections. On 10-14-2015, the Utilization Review non-certified the request for cervical 4-5 and 6-7 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Bilateral Facet Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 26.

Decision rationale: Facet injections in the form of blocks are not indicated for those with radicular symptoms. The claimant had radicular findings on exam and imaging. The claimant had undergone prior ESIs. It is also not indicated in those who have fusions. Based on the history and the guidelines, the request for a C6-C7 injection is not medically necessary.

C4-5 Bilateral Facet Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 36.

Decision rationale: Facet injections in the form of blocks are not indicated for those with radicular symptoms. The claimant had radicular findings on exam and imaging. The claimant had undergone prior ESIs. It is also not indicated in those who have fusions. Based on the history and the guidelines, the request for a C4-C5 injection is not medically necessary.