

<b>Case Number:</b>	CM15-0220854		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 30 year old male who sustained an industrial injury on 10-6-09. The injured worker reported neck and low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of cervical and lumbar intervertebral disc, neck sprain, spasm of muscle, lumbar sprain. Medical records dated 8-6-15 and 9-3-15 indicate pain rated at 7 out of 10. Medical records dated 7-8-15 indicate pain rated at 8-9 out of 10. Provider documentation dated 9-3-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, Oxycontin since at least May of 2015, Percocet since at least May of 2015, magnetic resonance imaging, occupational therapy, Xanax since at least June of 2015. Objective findings dated 9-3-15 were notable for limited cervical range of motion due to right cervical radiculopathy, right hand parasthesias, and limited lumbar flexion due to pain, positive bilateral straight leg raise, and ambulation with the assistance for a front wheeled walker. The original utilization review (10-21-15) denied a request for a Cervical Facet Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Injection:** 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), Neck and Upper Back.

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

**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, specifically with respect to the radicular nature of the patient's pain. The provided documents do not provide compelling evidence for consideration, and given the overall lack of support for the procedure based on the guidelines, the request is not considered medically necessary in this case.