

<b>Case Number:</b>	CM15-0222402		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	06/21/2007
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 37 year old female who sustained an industrial injury on 6-21-2007. A review of medical records indicates the injured worker is being treated for chronic low back pain, degenerative disc disease lumbar spine, and radiculitis left lower extremity, chronic neck pain, and rule out facet disease cervical spine. Medical records dated 9-25-2015 noted low back pain and neck pain. She gets shooting pain down the left lower extremity. Physical examination noted tenderness with pain with rotation to the neck. Treatment has included therapy, medications, and epidural injections in 2012. During the first epidural injection she had severe chest pain. During the second one she developed severe chest pain and developed a pulmonary embolism. Utilization review form dated 10-21-2015 non-certified facet injections in the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injections in cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** Per the guidelines, invasive techniques such as injections have no proven benefit in treating acute neck and upper back symptoms. Though the history and exam do suggest radicular pathology, there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of cervical facet joint injections. Therefore, the requested treatment is not medically necessary.