

Case Number:	CM14-0114651		
Date Assigned:	09/16/2014	Date of Injury:	05/05/2011
Decision Date:	10/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury due to heavy lifting on 05/05/2011. On 05/03/2014, his diagnoses included right shoulder impingement, right shoulder AC joint arthritis, right shoulder biceps tendinitis and right shoulder humeral head chondromalacia. On 04/24/2014, his complaints included neck pain radiating up to the right side of his head, which at times went around the top of his head to above his right eye and at times going into his right ear/eardrum. He was status post Mumford procedure on 08/10/2011 without significant pain relief. He also underwent right shoulder debridement on 02/24/2012 with increasing pain since that surgery. On 06/17/2013, he underwent a right labral shoulder repair that reduced 80% of his shoulder pain, but he continued to have neck pain. He underwent an unknown number of occipital nerve blocks. An MRI of the cervical spine on 11/12/2013 showed C5-6 disc bulge/endplate spurring suspicious for left paracentral annular tear, borderline central stenosis and moderate left foraminal narrowing, also C3-4 possible central annular tear, C6-7 tiny central/left paracentral protrusion and suspicious for central/left paracentral annular tear. He also underwent a number of acupuncture treatments with no significant pain relief. There was no mention of facet injections in the submitted documentation. There was no rationale or Request for Authorization included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4 Facet Injection qty 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The request for right C3-4 facet injection quantity 1 is not medically necessary. The California ACOEM Guidelines note that therapeutic facet injections are not recommended for acute regional neck pain. Injection of trigger facet joints has no proven benefit when treating acute neck and upper back symptoms, even though many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The need for a cervical facet injection was not clearly demonstrated in the submitted documentation. Therefore, this request for right C3-4 facet injection quantity 1 is not medically necessary.