

Case Number:	CM14-0115323		
Date Assigned:	08/04/2014	Date of Injury:	02/13/2001
Decision Date:	09/26/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 California. 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 underlying date of injury in this case is 02/13/2001. The date of the utilization review under appeal is 06/17/2014. The patient's reported diagnosis on the application for independent medical review is 724.2, or lumbago. The initial utilization review in this case references a physician note of 06/03/2014, which is not available at this time. On 04/24/2014, the primary treating physician saw the patient in followup regarding hip bursitis, low back pain, and lower leg pain. At that time the treating physician discussed that the patient came in with left shoulder pain. The treating physician noted the patient preferred conservative treatment for his neck and was not interested in surgical intervention. That note indicates that another physician recommended facet injections without steroid, and lidocaine only, and noted the patient previously underwent a cervical medial branch block and had a bad reaction to the steroid. The patient preferred conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection C4 thru C7 (with Lidocaine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Intra-articular Injections.

Decision rationale: The ACOEM Guidelines, Chapter 8/Neck, Page 174, state that facet injections in the cervical spine are of only limited benefit. Moreover, the medical records indicate that the patient prefers conservative treatment and does not wish invasive management. Additionally, the Official Disability Guidelines/Treatment in Workers Compensation/Neck, discuss cervical intra-articular injections and do not recommend the use of this treatment modality. The guidelines support a diagnosis of facet-mediated pain, and the Official Disability Guidelines generally recommend invasive management only for facet symptoms and findings at two levels but not at multiple levels as in this case. For these multiple reasons, the requested cervical facet injections are not supported by the treatment guidelines. Therefore, the request is not medically necessary.