

Case Number:	CM14-0197022		
Date Assigned:	12/05/2014	Date of Injury:	12/19/2013
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain medicine and Acupuncture 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:

Injured worker is a 48 year old male with date of injury 12/19/2013. Date of the UR decision was 11/12/2014. He sustained injury to the neck/cervical spine and left shoulder in the form of cervical whiplash and rotator cuff tear in a rear end collision. He underwent treatment in the form of corticosteroid epidural steroid injection. Per report dated 11/4/2014, the injured worker presented with subjective complaints of neck and left shoulder pain. It was suggested that he had received treatment in the form of conservative care, as well as injections. It was suggested that the first cervical epidural Steroid injection provided mild relief of pain, and the second injection did not change things. He also reported significant depression and was prescribed Zoloft and Klonopin and was admitted to a psychiatric unit in 8/2014 for overdose. He was being prescribed Butrans patch 15 mcg, weekly, hydrocodone APAP 10/325 1-2 tabs every evening, OTC Naproxen. Physical examination of cervical spine demonstrated tenderness in left lateral C5-6 and C6-7, as well as posteriorly. Neck range of motion was guarded, but achieved full range of motion. Shoulder exam revealed symmetric appearance, healed portals overleft shoulder, Reflexes +2. Negative Hoffman's, sensation was intact bilaterally and strength 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection C-Spine Left C5-6/C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Intra-Articular Injections.

Decision rationale: With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." It was noted per the latest progress report that sensation, reflexes, and motor testing were intact in both upper extremities. The UR physician's assertion that the injured worker's history is significant for radicular pain. Radiculopathy in the past has resolved. Whiplash injuries are commonly associated with unilateral facetogenic neck pain. The request for Facet Injection C-Spine Left C5-6/C6-7 is medically necessary.