

Case Number:	CM14-0213148		
Date Assigned:	12/30/2014	Date of Injury:	04/10/2013
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 patient is a 46-year-old female with chronic neck and bilateral shoulder pain. On physical exam there is normal strength in the bilateral upper extremities. Reflexes are normal at the bilateral elbows and wrists. The patient has normal range of motion. The patient has had physical therapy and medications and activity modification. The patient has a date of injury of March 20, 2009. At issue is whether C5-6 and C6-7 facet injections under fluoroscopy a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 and C6-C7 facet joint injections under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) ODG neck chapter.

Decision rationale: The medical records indicate that this patient has chronic neck pain that radiates to the bilateral upper extremities. ODG guidelines indicate that radicular symptoms are contraindication to facet injections. This patient does not meet ODG criteria for cervical facet injections. In addition, imaging studies do not clearly document facet joint pathology. Physical exam does not document facet joint tenderness. Facet injections is not medically necessary.

Home Transcutaneous Electrical Nerve Stimulation (TENS) on a rental basis for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 180-322.

Decision rationale: MTUS guidelines do not recommend TENS unit for treatment of degenerative neck pain. In addition, the medical records do not document that the patient has exhausted all conservative measures for the treatment of chronic neck pain. There is no recently documented trial and failure physical therapy. TENS unit is not medically necessary at this time.