

Case Number:	CM14-0213918		
Date Assigned:	12/31/2014	Date of Injury:	06/20/2013
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year-old software engineer sustained an injury on 6/20/13 while employed by [REDACTED]. Request(s) under consideration include Right C4-5 and C5-6 Facet Injections. Diagnoses include cervical spondylosis with possible facet syndrome. Conservative care has included medications, therapy modalities, acupuncture, and modified activities/rest. EMG/NCV of the right upper extremity on 9/10/14 was normal. Medication listed Motrin. The patient continues to treat for chronic ongoing symptom complaints. Report of from the provider noted continued neck pain radiating to the right shoulder with dull, deep ache and associated numbness in the right lateral arm daily. Brief minimal exam showed unchanged findings of full cervical range, motor strength of 5/5 in upper extremities with cervical pain on movements of left side bending and extension. The request(s) for Right C4-5 and C5-6 Facet Injections was non-certified on 11/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 and C5-6 Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 175, 181.

Decision rationale: According to the medical records, symptoms complaints are more indicative of possible radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports also have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. There are no demonstrated clinical findings or MRI results specific for facet arthropathy to support for the injections. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The Right C4-5 and C5-6 Facet Injections are not medically necessary and appropriate.