

Case Number:	CM14-0216819		
Date Assigned:	01/06/2015	Date of Injury:	07/24/2014
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant filed a claim for neck pain reportedly associated with an industrial injury of July 24, 2014. In a Utilization Review Report dated December 15, 2014, the claims administrator denied a request for cervical facet injections. The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported multifocal complaints of neck and low back pain. The applicant reported radiation of pain to the neck and bilateral shoulders. The applicant was off of work, on total temporary disability. The applicant was represented and apparently been terminated by his former employer, it was noted. The applicant was given diagnosis of chronic pain syndrome, neck pain, low back pain, spinal enthesopathy, and unspecified fasciitis. Cervical facet injections, naproxen, Prilosec, and transdermal topical compounds were endorsed. The applicant did exhibit trigger point tenderness and cervical facet stenosis at C5-T1 with associated facet loading.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Injection at Bilateral C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181- table 8-8.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injection of corticosteroids are deemed not recommended. It is further noted that there is a considerable lack of diagnostic clarity present here as the applicant has a variety of pain generators, including, neck, the low back, the shoulders, etc. The applicant's complaints of neck pain radiating into the shoulders, furthermore, are more evocative of neck pains and facetogenic pain. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.