

Case Number:	CM14-0216998		
Date Assigned:	01/06/2015	Date of Injury:	11/30/2004
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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
 Certification(s)/Specialty: Internal 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 claimant is a 57 yo female who sustained an industrial injury on 11/3/2004. The mechanism of injury was not provided for review. Her diagnoses include cervical spondylosis without myelopathy, cervical herniated disc, cervical spinal stenosis, cervicgia, lumbago, sacroilitis and status post L4-L5 posterior fusion. She continues to complain of neck pain that radiates to the upper back and left shoulder pain. On physical exam there is tenderness to palpation of the cervical paraspinal muscles with decreased range of motion. There is decreased lumbar flexion to 75 degrees with pain. Motor and sensory exams are normal; straight leg raise and Faber tests are normal. Left shoulder abduction is 2/5. Treatment in addition to surgery has included medical therapy, physical therapy, chiropractic therapy, acupuncture, and injections. The treating provider has requested Facet Joint Injections C4-7 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Facet Joint Injections C4-7 times 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Pain (Acute and Chronic) , Facet Joint Diagnostic Blocks

Decision rationale: Per the reviewed ODG the requested facet injections are not medically necessary. Per ODG facet injections are limited to patients with chronic cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 joint levels should be injected in one session. In this case the request is for 3 level facet injections and no documentation was provided regarding a formal plan of rehabilitation in addition to the facet injection therapy. Medical necessity for the requested item has not been established. The requested services are not medically necessary.

Post Injection follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Pain (Acute and Chronic) , Facet Joint Diagnostic Blocks

Decision rationale: Since the requested facet blocks are not medically necessary there is no indication for the requested post-procedure follow-up. Medical necessity for the requested item has not been established. The requested item is not medically necessary.