

Case Number:	CM15-0002064		
Date Assigned:	01/13/2015	Date of Injury:	02/20/2013
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 55-year-old male who reported an injury on 02/20/2013. The mechanism of injury was not stated. The current diagnoses include cervical degenerative disc disease with radicular symptoms, lumbar degenerative disc disease with radiculopathy, depression, internal derangement of the right shoulder, situational stress, and insomnia. The injured worker presented on 10/15/2014. A urine drug test was consistent with the current medication regimen. A review of systems was notable for depression and decreased libido. There was no physical examination of the cervical spine provided. The injured worker was issued a refill of methocarbamol 750 mg, ibuprofen 800 mg, Protonix 20 mg, trazodone 100 mg, and Ambien 5 mg. Reconsideration for cervical facet injections was also recommended. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical facet injection at C4-5 and C5-6 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The California MTUS /ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet joint pain signs and symptoms. Facet injections are limited to patients with cervical pain that is nonradicular, and at no more than 2 levels bilaterally. There was no documentation of facet mediated pain upon physical examination. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate.