

<b>Case Number:</b>	CM15-0112643		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/07/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old female with an industrial injury dated 06/07/2007. The injured worker's diagnoses include other internal derangement of knee other, thoracic spondylosis, carpal tunnel syndrome, cervical radiculopathy, and enthesopathy of wrist and carpus. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker presented for pain management. The injured worker reported pain in right shoulder, bilateral knee, and bilateral wrists and pain radiating to the bilateral legs. The injured worker rated pain a 7/10. Thoracic spine exam revealed tenderness over the facet joints and restricted thoracic range of motion with pain. The treating physician prescribed services for facet joint injections at right T4-T5, T5-T6 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Joint Injections at right T4-T5, T5-T6:** 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 ODG- facet injections and pg 27.

**Decision rationale:** According to the guidelines, facet joint injections are not recommended due to lack of evidence and short-term benefit. In this case the claimant had been on oral analgesics. In addition, the claimant had varying tenderness in the T-spine in the areas above the requested location in prior visits. The request for the injections is not medically necessary.