

Case Number:	CM15-0142819		
Date Assigned:	08/03/2015	Date of Injury:	04/20/2011
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old male who sustained an industrial injury on 4-20-11. The mechanism of injury was unclear. He currently complains of increasing significant neck pain; mild low back pain. On physical exam of the lumbar spine there was limited range of motion, tenderness and tightness over the facet joints bilaterally with positive straight leg raise bilaterally; cervical spine showed limited range of motion with tenderness and pain to pressure over the C 5-7 facet joints, positive for three trigger points over the right lateral trapezius. Medications were Soma, Percocet, Oxycodone, and Naproxen. Diagnoses include lumbar radiculopathy, status post lumbar transforaminal epidural steroid injections; lumbar facet arthropathy; cervical disc disease and C 3-4 retrolisthesis; myofascial pain. Treatments to date include medications; bilateral L2,3 and 5 transforaminal epidural steroid injection (2-2-15) with 80% reduction of low back and leg pain, decreased use of narcotic and increased functional level; right C5-7 facet injection (9-11-13) with relief of 70% for nine months before neck pain returned. In the progress note dated 7-14-15 the treating provider's plan of care included a request for right C 5-6 and C 6-7 facet injection given the good benefit (70% improvement) from previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right C5-6 and C6-7 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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 (ODG) Neck, Facet joint therapeutic steroid injections.

Decision rationale: As per MTUS ACOEM guidelines, facet blocks are not recommended except for diagnostic purposes prior to neurotomies. This request is for facet injections, not for diagnostic purpose but for therapeutic pain relief. Criteria concerning this utilization is missing from ACOEM guidelines. As per Official Disability Guidelines it is not recommended. There is minimal evidence of any benefit from this procedure despite claims that patient had improvement in pain. This procedure may only provide short-term relief in pain and it is unclear from documentation what the goal is besides short-term relief of pain. Facet injections are not medically necessary.