

Case Number:	CM15-0174733		
Date Assigned:	09/16/2015	Date of Injury:	04/21/2012
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female with an industrial injury dated 04-21-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, neck pain, cervical strain and radiculopathy, right upper extremity pain, SLAP tear, myalgia and numbness. Treatment consisted of MRI of cervical spine dated 07-02-2012, Right shoulder MRI on 11-19-2013, at least 6 physical therapy sessions, prescribed medications, and periodic follow up visits. According to the progress note dated 08-03-2015, the injured worker reported neck and right shoulder pain. The injured worker reported improvement from shoulder pain, however her neck pain was unchanged. The injured worker reported that her prescribed medications are tolerable and help with the pain. The injured worker completed physical therapy for her right shoulder and continues with a home exercise program. The injured worker rated her pain a 5-6 out of 10 without medications and 3 out of 10 with medications. Objective findings revealed tenderness over the paraspinals and facet joints at the right C2-3, C3-4, C4-5, and C5-6, decreased cervical spine range of motion and increased pain with left rotation and left lateral bending. The treating physician reported that the injured worker has axial pain and referral patterns suggestive of cervical facet mediated pain. The treating physician prescribed services for right C3-C4, C4-C5 facet injections times 2, now under review. Utilization Review (UR) determination on 08-21-2015 denied the request for right C3-C4, C4-C5 facet injections times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4, C4-C5 facet injections times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM concludes that invasive cervical techniques such as facet injections have no proven value in treating neck and upper back symptoms. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.