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| Case Number: | CM15-0067919 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 01/28/2001 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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: 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 54-year-old female, who sustained an industrial injury on 1/28/2001. Diagnoses have included facet syndrome at C4-5 and cervicgia. Treatment to date has included physical therapy, surgery and medication. According to the progress report dated 3/27/2015, the injured worker complained of discomfort and pain in her neck. Exam of the cervical spine revealed pain toward terminal range of motion. There was moderate tenderness to palpation over the C4-5 facet joint. Authorization was requested for facet injection at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection at C4-C5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks.

Decision rationale: Regarding the request for cervical facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are documented objective examination findings supporting facetogenic pain such as tenderness to palpation over the C4-5 facet region. Additionally, the provider documented normal sensory examination, and no findings of radiculitis. Furthermore, there is long standing pain and failure of other conservative management including PT, acupuncture, activity restriction, and pain medications. As such, the currently requested cervical facet injections are medically necessary.