MAXIMUS Federal Services

Case Number:	CM15-0070417		
Date Assigned:	04/20/2015	Date of Injury:	11/13/2011
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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, Hawaii
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 45 year old male, who sustained an industrial injury on 11/13/2011. He reported injury from being hit in the head/face. The injured worker was diagnosed as having mild neurocognitive disorder, neck sprain, head contusion, post-concussion syndrome, dizziness, depression and anxiety. There is no record of a recent diagnostic study. Treatment to date has physical therapy, cognitive behavior therapy and medication management. In a progress note dated 11/26/2014, the injured worker complains of neck pain and balance issues. The treating physician is requesting left cervical 3-4 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-4 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Facet Joint Injection.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Left C3-4 facet joint injection. The requesting treating physician report was not found in the documents provided. The UR report dated 3/25/15 (6B) states, the attending provider is recommending a left C3-4 facet joint injection because the claimant has left-sided focal facet joint tenderness, some facetogenic pain, and has failed physical therapy and medication management. The most current report provided for review was dated 11/26/14 (107B) and does not document any facet joint tenderness or evidence of facetogenic pain during examination of the cervical spine. The MTUS guidelines do not address the current request. The ODG guidelines do not recommend facet joint therapeutic steroid injections. In this case, the current request does not specify if the facet joint injection is for diagnostic or therapeutic purposes. Furthermore, there is no documentation of facet joint tenderness or evidence of facetogenic pain during examination, in the medical reports provided for review. The ODG guidelines require much more thorough documentation to recommend a diagnostic facet joint injection. Recommendation is not medically necessary.