MAXIMUS Federal Services

Case Number:	CM15-0071124		
Date Assigned:	04/21/2015	Date of Injury:	06/06/2011
Decision Date:	05/20/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 68 year old male/female, who sustained an industrial/work injury on 6/6/11. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis, and cervical facet ankylosis. Treatment to date has included medication, home exercises, diagnostics, and orthopedic consultation. MRI results were reported on 3/3/13. Currently, the injured worker complains of pain and limitations with range of motion in the neck and ache in the top of the right shoulder. Per the orthopedic report on 3/16/15, there was limited cervical range of motion, painful Spurling's sign, painful axial compression, and 5/5 rotator cuff strength. The requested treatments include cervical facet injection at C4-5, C5-6 (2 injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet injection at C4-5, C5-6 (2 injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint diagnostic blocks injections.

Decision rationale: The patient presents right shoulder and neck pain. The physician is requesting a Cervical Facet Injection at C4-5, C5-6 2 Injections. The RFA dated 03/26/2015 shows a request for cervical facet injection at C4-5, C5-6 levels quantity 2 injections. The patient's date of injury is from 06/06/2011 and his current work status was not made available. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. The records do not show any previous facet injection in the cervical spine. The 03/16/2015 report shows that the patient complains of right shoulder pain radiating down the arm. He utilizes Advil, home traction and HEP. Examination of the neck shows range of motion is limited to the right. Spurling's sign and axial compression are painful. In this case, the treater has asked for facet evaluation but the ODG does not recommend this when radicular symptoms are present. Exam findings do not show paravertebral tenderness either over the facet joints. The request is not medically necessary.