

Case Number:	CM15-0071741		
Date Assigned:	04/21/2015	Date of Injury:	12/23/2013
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male injured worker suffered an industrial injury on 12/23/2013. The diagnoses included AC joint arthrosis and impingement. The diagnostics included left shoulder magnetic resonance imaging and x-rays. On 3/3/2015, the treating provider reported left shoulder pain and received a cortisone injection on this visit. There were positive impingement signs, irritable range of motion and cuff weakness. The treatment plan included facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment for Workers' Compensation (ODG-TWC) Neck and Upper Back Chapter, last updated 11/18/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral C5-C6 facet injections is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8- 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are low back pain with lumbar radiculopathy; lumbar facet arthropathy; and myofascial pain. A progress note dated February 6, 2015 (most recent progress note in the record) shows the injured worker received an epidural steroid injection to the L3-L4 and L4- L5 interspace. The injured worker was interested in a cervical epidural steroid injection (no documentation of a facet joint injection). Subjectively, the injured worker had continued neck pain and arm pain. Objectively, the injured worker had decreased sensation in the right C6 dermatome. The treatment plan states the treating provider will request authorization for a one level cervical epidural steroid injection to C4- C5 and C5-C6 to address the cervical radicular symptoms. There is no documentation in the medical record with a request for a bilateral C5-C6 facet injection. Additionally, facet joint injections are indicated when cervical pain is non-radicular. The injured worker has clear-cut radicular symptoms both subjectively and objectively. Consequently, absent clinical documentation of non-radicular pain with no clinical indication/rationale or documentation indicating a facet joint injection is indicated, bilateral C5 -C6 facet injections is not medically necessary.