

Case Number:	CM15-0072552		
Date Assigned:	04/22/2015	Date of Injury:	05/19/2014
Decision Date:	07/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 56 year old male, who sustained an industrial injury on 5/19/14. He reported pain in the head, neck, and lower back. The injured worker was diagnosed as having neck pain, cervical degenerative disc disease, cervical facet pain, cervical foraminal stenosis, and myalgia. Treatment to date has included cervical facet injections at right C2-3 and C3-4 that provided 60% pain relief, physical therapy, a home exercise program, and medication. Pain on 3/12/15 was rated as 8-9/10 without medication and 4-5/10 with medication. Physical examination findings included slightly decreased sensation of the left upper extremity, tenderness over the cervical paraspinal muscles, and tenderness over the facet joints at left C3-4 and C4-5. Cervical spine range of motion was reduced in all planes, Spurling's sign was negative, and Hoffman's sign was negative. Currently, the injured worker complains of migraines, neck, mid, and low back pain. The treating physician requested authorization for cervical facet injections at C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injections at left C3-C4, C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Per page 174 of the ACOEM, Chapter 8, Neck. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck section, under Facet Blocks.

Decision rationale: This claimant was injured over a year ago. There is subjective pain in the head, neck and low back. Prior cervical injections yielded 60% improvement. The pain continues, first, the MTUS notes in ACOEM that invasive techniques such as facet injections for the neck have no proven benefit in treating acute neck and upper back symptoms. In this case, I did not find that this patient was in the transitional phase between acute and chronic pain. Also, with no proven benefit, the role and necessity of the injections are not clear. Finally, there was no evidence of facet pathology on imaging studies; calling into question what the injections would be treating. The request was appropriately not medically necessary under MTUS criteria.