

<b>Case Number:</b>	CM13-0023110		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/05/1992
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

### 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 IMR application shows the date of injury as 2/5/1992, and that there is a dispute on the 8/8/13 UR decision regarding a cervical facet injection at one level and additional level x1. The UR rationale for denial was that the injury was in 1992 and is chronic. The UR letter notes the patient has prior discectomy and fusion on 8/27/1997 at the C4/5 and C5/6 level. The 7/25/13 request for facet injections by [REDACTED] was apparently based on the recommendations of an AME, [REDACTED]. [REDACTED] did not specify any levels for the facet injections on the 7/25/13 report, but on the 8/30/13 appeal states they were for bilateral C5/6 and C6/7. There is no MRI or imaging reports available for review, and only the 1/9/13 supplemental report from [REDACTED] is available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **cervical facet joint injections at one level and additional levels times one (1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, which is not part of the MTUS..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck Chapter for facet joint injections, which is not part of the MTUS..

**Decision rationale:** ACOEM has some support for facet injections in the subacute phase. ODG guidelines were more specific and provide criteria for diagnostic facet injections. The request is not in accordance with ODG guidelines. The 8/30/13 appeal letter states the requested levels for the cervical facet injections were C5/6 and C6/7 bilaterally, but this patient is reported to have had a fusion at C5/6 and C4/5. The ODG guidelines recommend against diagnostic facet injections over a region that has previous fusion.