

<b>Case Number:</b>	CM13-0024883		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50-year-old female who reported an injury on 06/09/2005. Currently under consideration is a request for bilateral facet injections at C3-4. Notes indicate that the patient was initially injured while moving heavy boxes. Notes indicate that the patient has a significant history of prior cervical fusion at C4-7 with titanium plates. Additionally, clinical notes detail an MRI of the cervical spine was reviewed from 07/20/2012, which noted marked degenerative changes at the left C3-4 and marked left L4 neural foramen. An examination of the cervical spine on 07/03/2013 indicated decreased range of motion in all directions by 50% with scars of the bilateral shoulders from bilateral surgeries for thoracic outlet syndrome. A clinical note from 07/08/2013 indicated that the patient had cervical facet arthropathy at C3-4 with a 1 mm to 2 mm subluxation on flexion and extension views, with recommendation for facet injections for diagnostic and therapeutic purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A bilateral facet joint injection at C3-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** CA MTUS/ACOEM Guidelines state that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The most recent evaluation of the patient was completed on 08/30/2013 with subjective complaints of increased pain, grinding, and spasms in the neck, as well as left arm twitching. Objective evaluation of the cervical spine noted decreased range of motion by 50% in all directions with a well-healed scar on the left anterior neck and scars over the bilateral shoulders. There was swelling and severe tenderness on palpation of the supraclavicular area and severe occipital notch area, right greater than left. Notes indicate in the bilateral upper extremities there was a positive Tinel's sign at the left cubital tunnel with dystonic and intention/action tremors, right more than left arm, which was more noticeable on outstretched arms. However, while the patient suffers from chronic radiating neck pain, the referenced guidelines indicate that facet injections are not recommended for neck and upper back symptoms. Although, many physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain, there is a scarcity of studies submitted for review indicating long term benefit from facet injections for patients with chronic pain. Finally, the patient has a stated date of injury that is greater than 8 years ago; therefore the patient is not in the transitional phase between the acute and chronic stages of pain. The request for facet joint injections to the C3-4 is not medically necessary and appropriate.