

Case Number:	CM13-0036408		
Date Assigned:	12/13/2013	Date of Injury:	05/26/2000
Decision Date:	02/17/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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:

The patient is a 44 year old female with a date of injury of May 26, 2000. Medical records reviewed indicated that the patient was status post cervical fusion at C5-6 with ongoing chronic neck pain and associated upper extremity symptoms. A recent CT scan of the cervical spine dated August 23, 2013 revealed evidence of lower cervical fusion, degenerative disc disease at C4-5 and C6-C7, and a disc osteophyte complex at C6-C7 resulting in mild narrowing of the central canal. Per a letter dated September 27, 2013 by [REDACTED], the patient was reported to exhibit painful, severely limited cervical range of motion in all planes. Current diagnoses included bilateral radicular pain, severe spasm, hypertrophied trapezii bilaterally, and cervical fusion at C5-6 with degenerative disc disease above and below the fusion with mechanical neck pain. A prospective request for 1 bilateral facet joint injection at C3-4, C4-5 and C6-7 was denied for lack of medical necessity upon Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) bilateral facet joint injection at C3-4, C4-5 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint therapeutic steroid injections; and the Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the California MTUS/ACOEM Guidelines epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, however this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate in the case of chronic neck pain, facet joint injections are not recommended. Should facet joint injections be utilized, guidelines make specific recommendations in regard to the criteria for use. According to the ODG guidelines, the patient did not meet guideline criteria for diagnostic blocks, as guidelines do not recommend diagnostic facet blocks for patients who had previous fusion procedure at the planned injection level. Review of documentation provided showed in a CT scan of the cervical spine dated August 23, 2013 that revealed evidence of lower cervical fusion, degenerative disc disease at C4-5 and C6-C7, and a disc osteophyte complex at C6-C7 resulting in mild narrowing of the central canal. Therefore the prospective request for one (1) bilateral facet joint injection at C3-4, C4-5 and C6-7 is not medically necessary or appropriate.