MAXIMUS Federal Services

| Case Number: | CM13-0036642 | | |
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| Date Assigned: | 12/13/2013 | Date of Injury: | 12/31/2009 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 10/03/2013 |
| 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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 12/31/2009. The mechanism of injury was not provided in the medical records. The patient's course of treatment to date is unclear; however, the most recent clinical note submitted for review is dated 08/22/2013 and noted that the patient was complaining of severe pain, aching, heaviness, and tenderness to the bilateral posterior neck, thoracic spine, lumbar spine, head, and occipital area. Physical examination on that date revealed intact sensation, muscle strength, and reflexes to the bilateral upper and lower extremities; no other abnormalities were noted. The patient has a history of an unknown duration of physical therapy, TENS, and acupuncture therapy, as well as a prior radiofrequency neurotomy and prior cervical facet joint injections in approximately 05/2012. The patient's current diagnoses include lumbar degenerative disc disease, chronic low back pain, headache, neck pain, cervical degenerative disc disease, and arthropathy of cervical facet joints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A cervical facet injection at the bilateral C3-C6 level under sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Worker's Compensation, Online Edition, Chapter on Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet Joint Therapeutic Injections.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines do not recommend facet injections, as their benefit is of questionable merit. The guidelines recommend at least 1 diagnostic block before a neurotomy is performed; however, they recommend that this block be a medial branch block. In addition, the clinical presentation of the patient should be consistent with facet joint pain, signs, and symptoms. These symptoms should include axial neck pain, with no radiation or, rarely, not past the shoulders; tenderness to palpation in the paravertebral areas; decreased range of motion; and absence of radicular and/or neurologic findings. The clinical information submitted for review did not provide a thorough physical examination detailing the patient's range of motion values, nor did it note any tenderness over the facet joint region. In consulting the Official Disability Guidelines, no more than 2 joint levels should be treated in 1 session, and there should be evidence of a rehabilitation plan in addition to the facet joint therapy. The current request is for 3 facet joint levels to be treated, in excess of guideline recommendations. There was also no inclusion of a formal plan of rehabilitation, either therapy or a home exercise program, noted in the clinical records submitted. Moreover, there was no discussion regarding the patient's response to previously received cervical facet joint injections. Therefore, the medical necessity and guideline compliance of this treatment cannot be assessed at this time. As such, the request for a cervical facet injection at the bilateral C3-6 level under sedation is non-certified.