

Case Number:	CM13-0039857		
Date Assigned:	12/20/2013	Date of Injury:	06/03/2009
Decision Date:	02/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 59-year-old female with complaints of persistent left-sided neck pain with radiation into the left hand. Physical examination does not reveal any upper extremity weakness. Decrease sensation in the C5, C6, and C7 dermatomes is documented. The cervical facets are nontender. Diagnoses included chronic cervical spine strain/sprain and cervical radiculopathy. Prior treatment included physical therapy, medications, epidural steroid injections and chiropractic treatment. The patient has experienced partial pain relief with the epidural steroid injections. Request for authorization for facet injection of the cervical spine was submitted on August 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection- cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; Facet joint pain, signs and symptoms; Facet joint diagnostic blocks; Facet joint therapeutic steroid injections.

Decision rationale: The cause of facet joint pain is largely unknown although pain is generally thought to be secondary to either trauma or a degenerative process. Traumatic causes include fracture and/or dislocation injuries and whiplash injuries, with the most common cervical levels involved in the latter at C2-3 and C5-6. The condition has been described as both acute and chronic, and includes symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapular pain, and upper arm pain. The most common symptom is unilateral pain that does not radiate past the shoulder. Signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and discogenic pain. Characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); and (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. There is no current proof of a relationship between radiologic findings and pain symptoms. The primary reason for imaging studies is to rule out a neurological etiology of pain symptoms. Diagnosis is recommended with a medial branch block at the level of the presumed pain generators. Diagnostic blocks are recommended in patients that have signs and symptoms consistent with facet joint pain. Facet joint therapeutic steroid injections are not recommended. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case the patient does not exhibit signs of facet joint pain. The physical examination is negative for facet tenderness and there is normal range of motion in the cervical spine. The patient's pain extends below the shoulder to the level of the hand. The patient's symptoms do not meet criteria for diagnostic facet joint injections and therapeutic joint injections are not recommended.