MAXIMUS Federal Services

Case Number:	CM13-0061488		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2006
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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, with date of injury 11/01/06. Per progress report 11/13/13, the patient has chronic back and left upper extremity pain, which is described as an aching pain in the left upper back, shoulder, neck and down into the left upper arm and mid arm, which worsens with turning head to the left and looking up. Per acupuncture report 11/20/13 the patient complains of neck and shoulder pain 2-3/10 and feeling of bilateral heaviness, which improves with traction. The listed diagnosis is degeneration cervical disc, status post anterior cervical fusion at C4-5 and C5-6, date unknown, C Spine x-ray stable fusion C4-C6 and pain in joint shoulder bilateral, MR arthrogram of the left shoulder 09/23/08 suggests adhesive capsulitis, MRI right shoulder 10/02/07 moderate rotator cuff tendinosis with small focal partial undersurface tear, subacromial bursitis. The patient notes having full range of motion, but pain with motion. Cervical compression test increases heaviness in arms and distraction brings relief in neck and arm symptoms. The patient is tender along left lower facet joints and decreased range of motion at cervical spine. She takes Relafen 500mg bid, Gabapentin 600mg qhs and Ketamin 5% cream tid. The most recent cervical epidural steroid injection was on 11/13/12 at T2-T3 interspace, which provided her with a month of relief. Date of anterior cervical fusion is unknown. The request is for left cervical facet joint injection at C4-C5 and C5-C6 with fluoroscopic guidance and IV Sedation. The utilization review letter disputed is dated 11/12/13. Reports included in the file were progress reports from 11/08/12 to 11/13/13, epidural steroid injection operative report 11/13/12 and acupuncture notes from 07/05/13 to 11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL FACET JOINT INJECTION AT C4-C5 AND C5-C6 WITH FLUOROSCOPIC GUIDANCE AND IV SEDATION.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Therapeutic Steroid Injection

Decision rationale: This patient presents with neck and bilateral shoulder pain with history of C4-5 and C5-6 ACDF surgery, date unknown. The request is for left cervical facet joint injection at C4-C5 and C5-C6 with fluoroscopic guidance and IV Sedation. The California MTUS does not discuss facet injections and ACOEM does not support it. ODG guidelines state under facet joint injections for C-spine, "there should be no evidence of radicular pain, spinal stenosis, prior fusion." In this case, the patient has a prior anterior cervical fusion at C4-5 and C5-6, the very levels that the provider is asking to do facet joint injections at. Facet joint injections/evaluations are not recommended at the levels that are previously fused. Recommendation is for denial.