

Case Number:	CM13-0065379		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2008
Decision Date:	05/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 53 year old female who had a date of injury is 8/29/08. She injured her right shoulder and cervical spine. There is a request for diagnostic facet joint injections at the right C4,C5,C6,C7. There is a history of C5-6 fusion in January of 2009 and a right rotator cuff repair on 12/16/09. There is an 11/6/13 office visit document which states that since August her neck pain increased after returning back to work. She states that a few months ago her neck pain was extremely severe with stiffness and right arm radiculopathy. She states that pain was radiating down right arm, stopping at the elbow with numbness, tingling and weakness. She states all symptoms have improved at this point. She does continue to have severe neck pain which radiates to bilateral trapezius region and 2 upper and mid border of scapular bilaterally. On examination the patient had a normal gait. She had full range of motion of the cervical spine with a lot of tenderness to palpation of the trapezius and scapular muscles on the right. She has full strength and sensation in the upper extremities. X-rays taken in the office reveal that the C5-6 fusion segment is intact. There is some mild disc degeneration progression below the fusion site at C6-7. There is a request for facet injections at the right C4, C5, C6, and C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C4 DIAGNOSTIC CERVICAL FACET JOINT INJECTION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER, CERVICAL DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK (ACUTE & CHRONIC) - FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: The request for a right C4 diagnostic cervical facet joint injection qty:1.00 is not medically necessary according to the ACOEM MTUS and ODG guidelines. The ACOEM MTUS guidelines indicate that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. There is an 11/6/13 office visit document that states that the employee has severe neck pain with right arm radiculopathy after returning to work . The ODG states that the clinical presentation should be consistent with facet joint pain, signs & symptoms and that the facet injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally . The request for a right C4 diagnostic facet joint injection qty 1.00 is not medically necessary.

RIGHT C5 DIAGNOSTIC CERVICAL FACET JOINT INJECTION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER, CERVICAL DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK (ACUTE & CHRONIC) - FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: The request for a right C5 diagnostic cervical facet joint injection qty:1.00 is not medically necessary according to the ACOEM MTUS and ODG guidelines. The ACOEM MTUS guidelines indicate that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that no more than 2 joint levels are injected in one session. Additionally, the ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. There is an 11/6/13 office visit document where the provider states in regard to the patient " She states all symptoms increased significantly including severe neck pain with right arm radiculopathy after returning to work as a librarian." The ODG indicates that the clinical presentation should be consistent with facet joint pain, signs & symptoms and that the facet injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The employee has had a C5-6 fusion and the office note describes radicular symptoms therefore the request for a right C5 diagnostic cervical facet joint injection qty :1.00 is not medically necessary.

RIGHT C6 DIAGNOSTIC CERVICAL FACET JOINT INJECTION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER, CERVICAL DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK (ACUTE & CHRONIC): FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: The request for a right C6 diagnostic cervical facet joint injection qty:1.00 is not medically necessary according to the ACOEM MTUS and ODG guidelines. The ACOEM MTUS guidelines indicate that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG indicates that no more than 2 joint levels are injected in one session. Additionally, the ODG indicates that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. There is an 11/6/13 office visit document where the provider states in regard to the patient " She states all symptoms increased significantly including severe neck pain with right arm radiculopathy after returning to work as a librarian." The ODG guidelines indicate that the clinical presentation should be consistent with facet joint pain, signs & symptoms and that the facet injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The patient has had a C5-6 fusion and an office note dated 11/6/13 describes radicular symptoms therefore the request for a right C6 diagnostic cervical facet joint injection qty: 1.00 is not medically necessary.

RIGHT C7 DIAGNOSTIC CERVICAL FACET JOINT INJECTION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER, CERVICAL DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK (ACUTE & CHRONIC) - FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: The request for a right C7 diagnostic cervical facet joint injection qty:1.00 is not medically necessary according to the ACOEM MTUS and ODG guidelines. The ACOEM MTUS guidelines indicate that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. There is an 11/6/13 office visit document that states that the employee has severe neck pain with right arm radiculopathy after returning to work. The ODG guidelines indicate that the clinical presentation should be consistent with facet joint pain, signs

& symptoms and that the facet injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The request for a right C7 diagnostic cervical facet joint injection qty:1.00 is not medically necessary.