MAXIMUS Federal Services

Case Number:	CM13-0071660		
Date Assigned:	01/17/2014	Date of Injury:	10/16/2012
Decision Date:	06/13/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation 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 42-year-old male who was injured on 10/16/2012. The worker was injured while a video wall (approximately 800 pounds) fell and hit him in the back of his head and neck. He started experiencing a severe onset of neck pain, headaches and upper extremity symptoms. Prior treatment history has included epidural steroid injection on 11/07/2013. After this injection, he felt less pain intensity and frequency, but still the mid back region has mild stiffness and tightness. The diagnostic studies reviewed include an MRI (magnetic resonance imaging) of the cervical spine reported by spine surgeon on 11/15/2012 showing: disc protrusions at C4-5, C6 and C6-7. The protrusion is worse at C5-6. It is in contact with the thecal sac. He has multilevel disc bulges including C2-3 and C3-4; however, not causing stenosis at those levels. Progress note dated 05/30/2013 documented the patient with complaints of neck pain, headaches and bilateral upper extremity numbness. His current pain level is 4-5/10 and on the worst day it is 9-10. Objective findings on examination of the cervical spine reveal pain to palpation over the C4-5, C5-6 and C6-7. Range of motion is limited secondary to pain. Motor strength is 5/5. Normal sensations to light touch on bilateral upper extremities. Deep tendon reflexes 2 plus bilaterally. Spurling's test is positive. The diagnoses are: multidisc protrusion, cervical spinal stenosis, radiculopathy/radiculitis, and cervicogenic headaches. The plan includes: No spinal surgery is indicated. He does need treatment including chiropractic treatments, acupuncture, additional physical therapy and consideration for neurology and other second opinion. Progress report dated 01/03/2014 documents the patient has severe degenerative disc disease at multiple levels with impingement and facet hypertrophy. He was treated conservatively with the pain medications but his symptoms were not improved. He received epidural steroid injection which in the tolerability of sitting, standing or walking, but still he was complaining of pain. He was not completely relieved. He was suggested for the facet block injection. Objective findings on exam reveal

active and passive ranges of motion are guarded and diffusely tender with well preserved muscle bulk, joint contours and coordination. The Spurling's test is positive. Deep tendon reflexes are 2+, bilateral and symmetrical. The diagnoses are: cervical radiculopathy with underlying cervical disc degenerative disease, cervical spondylosis, cervical facet hypertrophy, and cervical disc protrusion. The treatment plan is to continue Norco, cyclobenzaprine, heat and cream applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET INJECTIONS OF THE NECK: 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, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet joint pain, signs & symptoms; Facet Joint Diagnostic Blocks.

Decision rationale: According to the CA MTUS/ACOEM guidelines under the summary of recommendations for evaluating and managing neck and upper back complaints, facet injection of corticosteroids and diagnostic blocks are not recommended. According to the Official Disability Guidelines (ODG), the most common symptom of facet pain is unilateral pain that does not radiate past the shoulder. Physical findings of signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. The 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); & (4) absence of radicular and/or neurologic findings. It is noted that the medical records do not indicate at which cervical spine level(s) facet injections are being requested. Absence of such documentation, medical necessity of the request cannot be established. In addition, facet injections are only recommended as a diagnostic tool, and not indicated as a treatment. Furthermore, the medical records do not document the existence of signs and symptoms consistent with facet mediated pain. Consequently, the medical records do not establish the request for facet injection to the neck is appropriate or medically indicated for the treatment of this patient. As such, the request is not certified.