MAXIMUS Federal Services

Case Number:	CM14-0002693		
Date Assigned:	01/29/2014	Date of Injury:	06/18/2012
Decision Date:	06/16/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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 an employee of [redacted] who has submitted a claim of neck pain associated from an industrial injury date of June 18, 2012. Treatment to date has included cervical epidural steroid injection with catheterization to C6-7 and fluoroscopy (12/4/12), physical therapy, chiropractic therapy, acupuncture, home exercise program, and medications with include Tramadol and unspecified muscle relaxant. Medical records from 2012-2013 were reviewed, the latest of which dated December 19, 2013 revealed that the patient complained of neck pain that radiates down the left upper extremity. The patient also reported upper back pain, anxiety, depression, frustration, stomach problem and insomnia. On physical examination, there was noted tenderness and spasm of the paracervical spine muscles. The patient has restricted range of motion of the cervical spine in flexion to approximately 45 degrees, extension to approximately 50 degrees, left and right rotation to approximately 75 degrees, and left lateral flexion to approximately 30 degrees. There was restricted thoracic spine range of motion in left rotation to approximately 25 degrees. There was decreased sensation of the left upper extremity. MRI of the cervical spine, dated 11/16/2012, revealed multilevel degenerative disc and facet disease most pronounced at C5-C7 with moderate bilateral foraminal stenosis and possible compression of the exiting C7 nerve roots. The left foraminal discogenic osteophyte at this level was larger than the right side and may deflect the ventral nerve root as well. At C4-C5, there were mild to moderate bilateral foraminal stenosis. Utilization review from December 30, 2013 denied the request for Left Sided C5-C6 Facet Block Injection because the most recent clinical evaluation did not reveal significant impairment of extension, rotation or facet tenderness. There was a previous cervical epidural steroid injection done, however, the outcome of those prior injections was not elaborated in the record review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED C5-C6 FACET BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Intra-articular blocks.

Decision rationale: As stated on pages 173-175 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, ODG states that regarding intra-articular blocks, 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. In this case, the Left Sided C5-C6 Facet Block Injection was prescribed but the reason for the request was not documented in the clinical records submitted. The patient has received previous injections which provided pain relief; however, the duration of relief and functional improvement were not documented. In the recent clinical evaluation, the patient still reported of neck pain, without new complaints. Also, the physical examination did not show worsening of the patient's condition that may warrant additional injections; therefore, the request for Left Sided C5-C6 Facet Block Injection is not medically necessary.