

Case Number:	CM14-0017536		
Date Assigned:	02/12/2014	Date of Injury:	12/13/2012
Decision Date:	03/13/2014	UR Denial Date:	01/09/2014
Priority:	Expedited	Application Received:	02/11/2014

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 and 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 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:

This 51 year-old female sustained an injury on 12/13/12. Request under consideration include URGENT cervical facet joint injection at bilateral C4-C5, C5-C6, C6-C7. Report of 1/3/14 from [REDACTED] noted patient with complaints of bilateral neck pain with numbness and weakness radiating to both hands. Exam showed tender over the paraspinal muscles from C3/4 to C6/7 bilaterally; limited cervical range of motion; positive Spurling's test. EMG on 7/2/12 had abnormal impression of moderate CTS. Cervical spine MRI dated 12/3/13 showed moderate multi-level degenerative changes. Diagnoses include cervicalgia, cervical radiculopathy, disc bulge, and degenerative disc disease. Request was non-certified on 1/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT CERVICAL FACET JOINT INJECTION AT BILATERAL C4-C5, C5-C6,C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet joint 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), Pain Chapter, therapeutic intra-articular lumbar block, and Neck & Upper Back, Facet joint diagnostic blocks

Decision rationale: This 51 year-old female sustained an injury on 12/13/12. Request under consideration include URGENT cervical facet joint injection at bilateral C4-C5, C5-C6, C6-C7. Report of 1/3/14 from [REDACTED] noted patient with complaints of bilateral neck pain with numbness and weakness radiating to both hands. Exam showed tender over the paraspinal muscles from C3/4 to C6/7 bilaterally; limited cervical range of motion; positive Spurling's test. EMG on 7/2/12 had abnormal impression of moderate CTS. Cervical spine MRI dated 12/3/13 showed moderate multi-level degenerative changes, stenosis, and osteophytes. Diagnoses include cervicgia, cervical radiculopathy, disc bulge, and degenerative disc disease. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Although it is reported the EMG is negative for radiculopathy; however, the patient exhibits chronic symptoms of radiculopathy, clinical findings with positive Spurling's along with MRI findings with stenosis. Submitted reports have no indication for failed conservative trial for diagnoses of cervicgia and cervical radiculopathy. Criteria per Guidelines have not been met. The URGENT cervical facet joint injection at bilateral C4-C5, C5-C6, and C6-C7 is not medically necessary and appropriate.