

Case Number:	CM14-0115764		
Date Assigned:	08/04/2014	Date of Injury:	04/19/2000
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker 78-year-old male who reported an injury on 04/19/2000 due to a motor vehicle accident. The injured worker was diagnosed with degenerative thoracic and lumbar vertebrae discs and cervical spondylosis. The injured worker has received conservative care including chiropractic care and acupuncture for complaints to the lumbar region. The injured worker underwent a cervical spine MRI on 01/10/2014, which showed signs of auto-fusion with severe loss of disc height at C3-4, there were also multiple levels of loss of disc height and disc degeneration, with disc osteophyte complex at C4-5, C5-6 and C6-7, and most notably at the C6-7 level with bilateral neuroforaminal narrowing. There was mild to moderate effacement of the interior cord, mild defacement at multiple levels from C4 to C7, and reversal of the normal cervical lordotic curvature was noted. X-rays were performed on 01/13/2014 show significant kyphosis of the cervical spine with cervical instability at C4-5 of 4.1 mm, C5-6 of 3.2 mm and C6-7 of 3.5 mm. The clinical note dated 06/04/2014 noted the injured worker complained of neck pain and pain radiating down to the bilateral trapezius area on the left side worse than right side. Examination of the cervical spine revealed no obvious deformities. The physician noted there was no pain upon palpation of the cervical paraspinal and trapezoidal musculature and no step off was noted. The physician noted cervical spine range of motion was limited. Spurling's sign was a positive for neck pain on the left side and negative for any pain down the upper extremities. Upper extremity strength was 5/5 and symmetric in the deltoids, biceps, triceps, and are also interossei wrist flexors, wrist extensors, finger flexors, and finger extensors. Reflexes were 2+ and symmetric and there was normal sensation to light touch noted and there was no hyperesthesia or hypoesthesia. The injured worker stated his pain was tolerable and rates his pain 5/10 with spikes in pain to 8-9/10. The physician noted the most unstable segment to the

cervical spine was located at C4-5. The injured worker's medication regimen included ibuprofen and Flexeril. The physician recommended continued treatment with tramadol for pain and bilateral C4-5 facet joint injections for pain. The Request for Authorization form was signed on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Facet Joint Injections: 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 (ODG) Online Edition- Neck and Upper Back Facet Joint.

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

Decision rationale: The California MTUS/ACOEM Guidelines note injection of facet joints has no proven benefit in treating acute neck and upper back symptoms, even though many physicians believe that that diagnostic therapy may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines note no more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines note there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The injured worker has been experiencing cervical neck pain. The injured worker has received acupuncture and acupressure, as well as NSAIDs. Spurling's sign was a positive for neck pain on the left side and negative for any pain down the upper extremities. There is a lack of documentation indicating the injured worker has significant findings consistent with facetogenic pain upon examination, including positive facet loading at the requested level. There is no indication that the physician is planning for the injured worker to participate in an active exercise program as it was noted the injured worker does not wish to participate in physical therapy. As such, the request is not medically necessary.