MAXIMUS Federal Services

Case Number:	CM14-0118380		
Date Assigned:	08/06/2014	Date of Injury:	10/20/2003
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Illinois. 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 is a 67 year old female who reported injury on 10/20/2003 to her shoulders, neck and teeth from being pushed into the classroom door. The injured worker's diagnoses are status post cervical fusion, cervical discogenic disease, and cervical facet arthrosis. Past treatments included medications, cervical fusion, right shoulder surgery and facet blocks. It was noted that the facet blocks provided relief that last several months. However, the levels that the procedure was performed on and the date/dates performed were not specified. The injured worker's surgical history included cervical fusion with the date or levels not given. On 05/02/2014, the injured worker complained of cervical spine pain, 6/10 with medication. The physical examination indicated a cervical spine spasm, pain with decreased range of motion with positive facet tenderness. She also had pain with flexion and extension and axial compression. Her medications included Prozac 20mg, Ultram 50mg, Motrin, 800mg, Prilosec 20mg, and Zanaflex 4mg. The treatment plan consisted of refilling medications, follow up in 3 months and request for cervical facet blocks. The rationale for the request and the request for authorization form is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Facet Blocks at C4-7 Injection Bilaterally x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chapter Neck, Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint therapeutic steroid injections.

Decision rationale: The request for Outpatient Cervical Facet Blocks at C4-7 injection bilaterally times 1 is not medically necessary. The injured worker has a history of status post cervical fusion, right shoulder surgery, and pain in her back. The injured worker has had previous facet blocks. The California MTUS/ACOEM states that invasive techniques, such as facet joint 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. More specifically, the Official Disability Guidelines state that the facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, the guidelines state, no more than 2 levels may be blocked at any one time and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Moreover, the guidelines only support one therapeutic facet injection as the recommendation, when successful, is to proceed to a medial branch diagnostic blocks and subsequent neurotomy. The injured worker was noted to have a previous cervical fusion surgery; however, the location is not identified in the documentation. The prior surgery site must be identified in order to ensure that the requested injections are not to be given at the same site. Additionally, the request exceeds the 2 level limits and there was no documentation showing a formal rehabilitation plan. Furthermore, the injured worker was noted to have had previous cervical facet blocks. Therefore, additional blocks would not be supported as the guidelines only recommend one set of therapeutic facet injections. Therefore, despite evidence of facet mediated pain on exam, due to her previous fusion, previous therapeutic facet injections, the number levels requested, and the lack of documentation showing a formal rehabilitation plan, the request is not supported. As such, the request for Outpatient Cervical Facet Blocks at C4-7 injection bilaterally times 1 is not medically necessary.