

<b>Case Number:</b>	CM14-0121166		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 41 year old male who reported an injury on 06/11/2013. The mechanism of injury was a motor vehicle accident. His diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy, spondylosis and cervical spinal stenosis. His past treatments were noted to include epidural steroid injections, chiropractic sessions, and medication. The MRI of the cervical spine, taken 11/06/2013, revealed multilevel degenerative changes with neural foraminal and central canal stenosis. During the assessment dated 05/01/2014, the injured worker complained of back discomfort, neck stiffness and left arm pain and paresthesia. The physical examination revealed muscle nodding in the upper back and trap areas with muscle spasms and tenderness over the facet joints and left arm paresthesia. The rationale for the bilateral facet joint injections was not specified. The Request for Authorization form was dated 03/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection, Bilateral C4-5, C5-6 x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 & Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The request for facet injection, bilateral C4-5, C5-6 x4 is not medically necessary. The California MTUS ACOEM guidelines state 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. The Official Disability Guidelines criteria for facet joint therapeutic steroid injections includes a clinical presentation consistent with facet joint pain evidenced by axial neck pain either with no radiation or rarely past the shoulders and the absence of spinal stenosis, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Additionally, no more than one therapeutic intra-articular block is recommended. The injured worker was noted to complain of back discomfort, neck stiffness and left arm pain and paresthesia. The MRI taken 11/06/2013 revealed evidence of spinal canal stenosis greatest at the C4-5 level. There was no clinical documentation provided that included a formal plan of rehabilitation such as physical therapy or failure of conservative treatment prior to the request. Furthermore, the guidelines specifically state that no more than one therapeutic intra-articular block is recommended and 4 blocks at each level were requested. Based on the above, the request for facet injection, bilateral C4-5, C5-6 x4 is not medically necessary.