MAXIMUS Federal Services

Case Number:	CM14-0125117		
Date Assigned:	08/11/2014	Date of Injury:	01/04/2014
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 44 year old female who had injuries to multiple body parts as well as multiple fractures and blunt head trauma when she was assaulted during work hours on 01/04/14. The diagnoses include a left open humeral medial condyle fracture, right hand fifth metacarpal neck and head fracture; post concussive syndrome, chronic right cervical strain. Under consideration is a request for C5-6 right facet injection Qty# 1 and C6-7 right facet injection Qty# 1.There is a primary treating physician report dated 5/23/14 that states that there is tenderness to palpation of the right mid and lower cervical paraspinal muscles. There is provocation of neck pain with cervical extension and lateral flexion. There is provocation of right sided mid and lower posterior neck pain with loading of the right mid andlower cervical facet joints in extension coupled with right rotation and right lateral flexion. There is normal cervical motion. Spurling test is negative. The sensory, motor, and reflex exam of the bilateral upper extremities was normal. The plan included requests for a hand specialist consult, a post concussive expert follow up visit, a request authorization for six sessions of physical therapy for the patient's cervical spine as well as diagnostic/therapeutic C5/C6 and C6/C7 facet joint injections to be performed on the right.A 1/4/14 Neck CT revealed no acute fracture or subluxation could be identified throughoutthe cervical spine. Moderate to advanced degenerative changes are present from C3-C4 down through C5-C6, Multilevel foramina narrowing: Mild on the right at C4-C5 and minimally bilaterally at C5-C6. There is straightening of the cervical spine which may represent muscle spasm. No Significant spinal canal stenosis could be identified. The vertebral body heights, alignment, disc spaces and bony mineralization throughout the cervical spine are otherwise unremarkable. The visualized upper lung fields are clear.There is a 7/ 22/14 office visit and appeal that states that there are inaccuracies in the reasons for denial as well as her interpretations of the ODG Guidelines in regards to facet injections. The documenting physician

states that the ODG Guidelines cited by the reviewer cite only diagnostic medial branch (facet nerve) blocks for diagnostic purposes. They do not address intraarticular cervical facet joint injections for therapeutic purposes. The documenting physician cites guidelines such as the ASIPP which support cervical intraarticular injections. The documenting physician states that facet symptoms and imaging are often nondiagnostic. The documenting physician states that the patient states that physical therapy is increasing her neck pain. The injections are meantto decrease her neck pain allowing her to complete the allotted sessions and make some functional progress. The documenting physician states that the cited ODG Guidelines do not state that intra-articular facet injectionsare nondiagnostic but rather that in terms of diagnostic value it is suggested thatmedial branch blocks and intra-articular blocks appear to provide comparable diagnosticinformation with the results of placebo-controlled trials of neurotomy found better predictiveaffect with diagnostic medial branch blocks. The documenting physician states that as he is attempting to provide therapeutic benefit with the intra-articular injections that if the injections provide several months worth of painrelief, the patient may not need to undergo cervical radiofrequency facet joint denervation andtherefore may be able to avoid a second, and more painful procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 right facet injection Qty# 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES TREATMENT, INTEGRATED TREATEMENT/DISABILITY DURATION GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks; Facet joint therapeutic steroid injections.

Decision rationale: The C5-6 right facet injection Qty# 1 is not medically necessary per the ODG and the MTUS guidelines. The MTUS ACOEM guidelines state that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that facet joint therapeutic steroid injections are not recommended. The ODG states that in regards to intra articular therapeutic blocks no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. The ODG states that in regards to diagnostic facet injections there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. A 6/24/14 document states that her pain is made better by PT. A 7/22/14 document states that she started PT but does not feel that her neck pain is progressing fast enough. The guidelines recommend documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. The documentation indicates that the patient was still in PT. It is unclear if she has failed all conservative treatment (including home exercise, PT and NSAIDs) prior to considering the

procedure for at least 4-6 weeks. The request for C5-6 facet injection quantity #1 is not medically necessary.

C6-7 right facet injection Qty# 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, INTEGRATED TREATMENT/DISABILITY DURATON GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks; Facet joint therapeutic steroid injections.

Decision rationale: The C6-7 right facet injection Qty# 1 is not medically necessary per the ODG and the MTUS guidelines. The MTUS ACOEM guidelines state that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that facet joint therapeutic steroid injections are not recommended. The ODG states that in regards to intra articular therapeutic blocks no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. The ODG states that in regards to diagnostic facet injections there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. A 6/24/14 document states that her pain is made better by PT. A 7/22/14 document states that she started PT but does not feel that her neck pain is progressing fast enough. The guidelines recommend documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. The documentation indicates that the patient was still in PT. It is unclear if she has failed all conservative treatment (including home exercise, PT and NSAIDs) prior to considering the procedure for at least 4-6 weeks. The request for C6-7 right facet injection Qty# 1 is not medically necessary.