

Case Number:	CM14-0132655		
Date Assigned:	09/19/2014	Date of Injury:	09/04/2012
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 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 34-year-old female who reported injuries after having been assaulted on 09/04/2012. On 06/24/2014, her diagnoses included spondylosis without myelopathy, degenerative disc disease of the cervical spine, cervical radiculopathy, neuritis NOS and neck pain. On 03/2013, she had a cervical epidural steroid injection which gave her short lasting 30% relief. On 04/26/2013, she had a right epidural steroid injection at C6 which gave her 20% relief. On 06/17/2013, she had a right C4-C6 medial branch block which gave her a 60% relief for about 3 hours. On 07/22/2013, she had a right C3-5 medial branch block which gave her 70% relief for about 4 hours. On 08/19/2013, she had a right C3-5 medial branch radiofrequency ablation which gave her 50% relief for 8 months except for the pain behind her right ear. On 11/25/2013, she had a right C2-3 facet joint injection which gave her 60% relief of pain behind her ear for about 6 weeks. On 03/17/2014, she had a right C2-3 facet joint injection which gave her 60% relief for about 2 months. On 05/19/2014, she had a right C3-6 medial branch radiofrequency ablation and still had acute ongoing flare ups. She received a Toradol injection the day of the examination. The treatment plan stated that if her pain was improved, a repeat facet joint injection with post radiofrequency would be considered. On 07/18/2014, the treatment plan included a recommendation for a repeat right C2-3 facet joint injection. A Request for Authorization dated 07/21/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right C2-3 Facet Joint Injection with Moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5.

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), Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for Repeat Right C2-3 Facet Joint Injection with Moderate sedation is not medically necessary. The California ACOEM Guidelines suggest that therapeutic facet joint injections are not recommended for acute regional neck pain. Injection of trigger facet joints has no proven benefit in treating acute neck and upper back symptoms, even though many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet nerve pain include 1 set of medial branch blocks as required with a response equal to or greater than 70%. Opioids should not be given as a sedative during the procedure. The use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. There should be documentation of failure of conservative treatment including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documentation revealed that this worker has had previous medial branch blocks, none of which gave her 70% relief. There was no documentation submitted of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The request mentioned moderate sedation but did not specify the type of sedation. Opioid sedation and IV sedation are contraindicated with facet joint injections. There was no mention of facet neurotomy if the diagnostic block was successful. The clinical information submitted failed to meet the evidence based guidelines for facet injection. Therefore, this request for Repeat Right C2-3 Facet Joint Injection with moderate sedation is not medically necessary.