

<b>Case Number:</b>	CM14-0133797		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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 57 year old female. The injured worker's original date of injury was August 27, 2012. The mechanism of injury was a fall and struck a door and fell forward. The industrial diagnoses include cervicalgia, cervical facet arthropathy, disc herniations at C4-5 & C6-7, and cervical disc disease. The requesting provider also specifies in a note on date of service 8/12/2014 that the CT of the neck for this worker shows facet joint enlargement at the left C2-3. It is noted that assessment on physical examination for facetogenic pain is not documented in this note. The patient has documentation of positive Spurling's maneuver in a note on 4/3/2014. The disputed request is for cervical facet injections. A utilization review determination recommended non-certification on the basis that there was insufficient documentation of facet mediated pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Cervical facet injections. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** Cervical facet injections are not specifically addressed within the Chronic Pain Medical Treatment Guidelines. However, Section 9792.23.1 Neck and Upper Back Complaints states the following: "The Administrative Director adopts and incorporates by reference the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 8 page 174-175 states that "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space 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." In Table 8-8 (Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints), there is recommendation against "facet injection of corticosteroids (D)." As can be seen in the guidelines above, in the general case there is recommendation against facet injections based upon the lack of evidence to support this. The requesting provider also specifies in a note on date of service 8/12/2014 that the CT of the neck for this worker shows facet joint enlargement at the left C2-3. It is noted that assessment on physical examination for facetogenic pain is not documented in this note. Radiographic findings without documentation of clinical exam correlation are not sufficient to establish facetogenic pain. Therefore, this request is not medically necessary.