

<b>Case Number:</b>	CM14-0155945		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine 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:

This injured worker is a 61 year-old woman sustained a neck injury on Dec 1, 2003. She had more than 18 chiropractic sessions and more than 24 physical therapy sessions without improvement. She had multiple shoulder injections without relief. On Sept 10, 2014, she complained to the treating physician of bilateral neck and shoulder pain which radiated down the arms causing numbness, tingling and weakness. On that date a cervical magnetic resonance imaging (MRI) showed multilevel facet degenerative disc disease and disc arthropathy. An exam noted multiple trigger points in the trapezius and levator scapulae, a positive Spurling's maneuver and multiple sensory deficits in the arm and hands. Her diagnoses were: carpal tunnel syndrome, cervicalgia, cervical facet disease at C6-7 bilaterally and myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7, C5-C6 facet injections QTY#2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint therapeutic steroid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address facet injections, so the Official Disability Guidelines (ODG) was consulted. Per Official Disability Guidelines (ODG), facet joint therapeutic steroid injections are not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of injured workers (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.6. No more than one therapeutic intra-articular block is recommended. This individual has clearly documented neck pain with upper extremity radiculopathy by history and exam, therefore, a facet injection is not medically necessary.