

Case Number:	CM14-0176856		
Date Assigned:	10/30/2014	Date of Injury:	06/04/2013
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 yo female who sustained an industrial injury on 06/04/2013. She is a correctional officer and she injured her neck and left arm while at work . Her diagnoses include cervical facet syndrome, cervical radiculopathy, cervicgia, cervical DDD, occipital neuralgia, and left arm pain. She continues to complain of neck pain radiating to the left arm. On physical exam there is decreased range of motion of the cervical spine. Treatment has consisted of medications, home stretching and exercises, acupuncture, cervical epidural steroid injections, occipital nerve block, cervical facet injections, and TENS unit. Neurosurgery has recommended anterior C4-5, C5-6, and C6-7 discectomies and fusions. The treating provider has requested left cervical C3-4, C4-5, and C5-6 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical facet injection C3-4 Qty. 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Diagnostic facet joint injections with a local anesthetic are used in the cervical, thoracic or lumbar spine to verify the specific area generating pain prior to a facet joint denervation procedure or other medical management. Therapeutic facet joint injections are based on the outcome of a diagnostic facet joint injection with the patient obtaining sufficient relief for a meaningful period of time. When pain recurs, a repeat injection with long acting local anesthetic and steroid will generally provide pain relief for 4 to 8 weeks. The intent of the therapeutic injection is to provide temporary pain relief to help patients tolerate prescribed exercise programs. The most common conditions resulting in facet joint pain are spondylosis, spondylolisthesis, arthritis, osteoarthritis, and spondyloarthritis (facet joint arthropathy). The documentation indicates that the patient has responded to previous cervical facet injections. She has tried and failed conservative treatment modalities. Medical necessity for the requested item has been established. The requested item is medically necessary.

Left cervical facet injection C4-5 Qty. 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Diagnostic facet joint injections with a local anesthetic are used in the cervical, thoracic or lumbar spine to verify the specific area generating pain prior to a facet joint denervation procedure or other medical management. Therapeutic facet joint injections are based on the outcome of a diagnostic facet joint injection with the patient obtaining sufficient relief for a meaningful period of time. When pain recurs, a repeat injection with long acting local anesthetic and steroid will generally provide pain relief for 4 to 8 weeks. The intent of the therapeutic injection is to provide temporary pain relief to help patients tolerate prescribed exercise programs. The most common conditions resulting in facet joint pain are spondylosis, spondylolisthesis, arthritis, osteoarthritis, and spondyloarthritis (facet joint arthropathy). The documentation indicates that the patient has responded to previous cervical facet injections. She has tried and failed conservative treatment modalities. Medical necessity for the requested item has been established. The requested item is medically necessary.

Left cervical facet injection C5-6 Qty. 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Diagnostic facet joint injections with a local anesthetic are used in the cervical, thoracic or lumbar spine to verify the specific area generating pain prior to a facet joint denervation procedure or other medical management. Therapeutic facet joint injections are based on the outcome of a diagnostic facet joint injection with the patient obtaining sufficient relief for

a meaningful period of time. When pain recurs, a repeat injection with long acting local anesthetic and steroid will generally provide pain relief for 4 to 8 weeks. The intent of the therapeutic injection is to provide temporary pain relief to help patients tolerate prescribed exercise programs. The most common conditions resulting in facet joint pain are spondylosis, spondylolisthesis, arthritis, osteoarthritis, and spondyloarthritis (facet joint arthropathy). The documentation indicates that the patient has responded to previous cervical facet injections. She has tried and failed conservative treatment modalities. Medical necessity for the requested item has been established. The requested item is medically necessary.