

Case Number:	CM14-0023932		
Date Assigned:	06/11/2014	Date of Injury:	04/20/1998
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 4/20/98. He was diagnosed with cervical radiculopathy, chronic pain, cervical disc disease, cervical spinal stenosis, myofascial pain syndrome, damage from anoxic brain, headache, depression, insomnia, elbow pain, right hip pain, thoracic spine pain, right shoulder pain, and cervical degenerative facet disease. He was treated with facet joint injections, epidural injections, exercises, surgeries (right shoulder), oral pain medications, sleep aids, benzodiazepines, and NSAIDs. Over the past few years prior to the request for additional facet joint injections, he had been receiving epidural and facet joint injections with benefit. On 1/22/14 the worker was seen by his pain specialist who complained of worsening neck, right shoulder, thoracic, bilateral elbow and right hip pain. He reported his pain being a 8/10 on the pain scale without medications and 5/10 with his medications which included Vicoprofen, Ambien, clonazepam, and ibuprofen. The pain specialist reported that requests had been made for repeat epidural and facet joint injections in the neck for the past month or more as the worker reported the facet joint injections together with the epidural injections were able to reduce his overall pain even more than the epidural injections alone. Again, the pain specialist then requested these injections be approved for this worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET INJECTIONS (BILATERAL C4-7 FACET INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Section, Facet Joint Therapeutic Steroid Injections And Pain Section, Facet Blocks.

Decision rationale: The MTUS Guidelines are silent on the subject of therapeutic steroid facet joint injections into the cervical area. The ODG does, however, state that facet blocks may be recommended for no more than one therapeutic intra-articular block but not for cervical blocks. The ODG states that cervical facet joint injections are not recommended due to no known quality studies suggesting efficacy or safety. In the case of this worker, steroid injections in the epidural space as well as the facet joints of the cervical area had been part of the treatment plan for years and reportedly had been helping treat the worker's pain. Unfortunately due to lack of clinical data to back up the cervical facet joint injections, they are considered not medically necessary until more evidence is available to support its use. Therefore given the above the request is not medically necessary.