

Case Number:	CM14-0024298		
Date Assigned:	06/11/2014	Date of Injury:	05/14/2002
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Emergency Medicine and is licensed to practice in Florida. 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 patient is a 65-year-old, with a date of injury of 05/14/02. A progress report associated with the request for services, dated 01/20/14, identified subjective complaints of upper neck pain, post radiofrequency ablation. The objective findings included improved range-of-motion of the cervical spine. The neurological exam was normal. The diagnoses included neck pain; cervical facet syndrome; cervical radiculopathy; and shoulder pain. The treatment has included cervical radiofrequency ablation three (3) weeks prior. Atlanto -axial and atlanto-occipital injections were performed two (2) years prior with reported benefit. A Utilization Review determination was rendered on 02/11/14, recommending the non-certification of "right intra-articular facet without lateral as well as atlanto axial joint injections with steroid and anesthetic".

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT INTRA-ARTICULAR FACET WITHOUT LATERAL AS WELL AS ATLANTO AXIAL JOINT INJECTIONS WITH STEROID AND ANESTHETIC: 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), Neck & Upper Back Chapter, Facet injections (therapeutic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back, Facet Joint Therapeutic Steroid Injections.

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet injection of corticosteroids is not recommended. The Official Disability Guidelines (ODG) also states that facet joint therapeutic steroid injections are not recommended due to lack of quality studies regarding their effect. If used anyway, the following criteria are recommended: There should be no evidence of radicular pain, spinal stenosis, or fusion; If successful (initial pain relief of 70%, plus pain relief duration of 50% for at least six weeks), the recommendation is to proceed to a medial branch diagnostic block; No more than two (2) facet joint levels are injected in one (1) session; No more than one (1) therapeutic intra-articular block is recommended; and There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Facet joint injections are not recommended. Likewise, the above criteria have not been fully met. Therefore, there is no documentation in the record for the medical necessity of a right intra-articular facet joint injection with steroid and anesthetic.