

Case Number:	CM14-0032690		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2011
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation 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:

The injured worker is a 55-year-old male who reported an injury on 10/03/2011. The mechanism of injury reportedly occurred when he was run over by a tractor trailer on the right side of his body. The clinical note dated 02/21/2014 noted the injured worker presented with neck pain. Upon examination of the cervical spine, there was positive facet loading bilaterally, tenderness upon palpation to the paracervical musculature, and stiffness. Previous treatment included medication and injections. The diagnoses included cervical spondylosis from C3-C7, depression, and right C5-6 compression. The provider recommended a right C3-4 and C5-6 facet injection. The provider's rationale was not provided. The request for authorization form was dated 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-4, C5-6 Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Joint Therapeutic Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Facet joint therapeutic steroid injections.

Decision rationale: The request for right C3-4, C5-6 facet injection is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques, such as facet injections, 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 injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for the use of a therapeutic block for facet nerve pain includes a clinical presentation consistent with facet joint pain, no evidence of radicular pain, and evidence of a formal plan of rehabilitation. The documentation revealed evidence of previous medial branch blocks dated 11/02/2012 and 12/2012, that provided 60% relief between 10 to 12 hours for the lower neck but not the upper neck, and two radio frequency ablation procedures dated 11/04/2013 and 11/18/2013 that provided 50% relief for several months. Based on this evidence of a positive outcome with previous radiofrequency ablation at the requested levels, further documentation is needed regarding the request for therapeutic facet injections versus repeat radiofrequency ablation. As such, the request is not medically necessary.