

Case Number:	CM14-0043519		
Date Assigned:	07/02/2014	Date of Injury:	01/19/2012
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 40 year-old female with a 1/19/2012 date of injury. According to the 3/11/14 pain management report from [REDACTED], the patient presents with neck pain radiating into both upper extremities and hands, and paresthesia in the 4th and 5th digits. [REDACTED] notes the patient had bilateral C5/6 and C6/7 facet joint injections on 8/23/13 and it provided pain relief for 3- months, including immediate relief of the paresthesias in the upper extremities. The diagnostic impression is: persistent severe axial with some somatic referred pain into the upper extremity. [REDACTED] recommends repeat bilateral C5/6 and C6/7 facet joint injections for pain control. On 3/12/14 UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5-6 C6-7 FACET JOINT INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8),

page 174-175, as well as the Non-MTUS Official Disability Guidelines (ODG) Neck Chapter, Facet Joint Therapeutic Steroid Injections.

Decision rationale: The patient is a 40-year-old female with a January 19, 2012 date of injury. According to the March 11, 2014 pain management report from [REDACTED], the patient presents with neck pain radiating into both upper extremities and hands, and paresthesia in the 4th and 5th digits. The IMR request is for a repeat bilateral C5/6 and C6/7 facet joint injection. The March 11, 2014 report from [REDACTED] clarifies that this is a therapeutic intraarticular facet joint injection, rather than the diagnostic medial branch block. The patient was reported to have had a prior facet injection on August 23, 2013, but the operative report and follow-ups were not provided for this IMR. The October 10, 2013 report from [REDACTED] notes the patient has dermatomal symptoms in the C6-C6 distribution. The November 7, 2013 report from [REDACTED] notes the patient's symptoms now go down to the hands and there is positive Hoffman's. By December 21, 2013, [REDACTED] reports positive Spurlings and Hoffmans'. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state: Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines does not appear to support facet joint injections for the cervical spine. The ODG guidelines for therapeutic facet joint injections, states they are not recommended, but if used anyway, a successful procedure would be initial pain relief of 70% with pain relief of at least 50% for at least six weeks. The ODG also states there should be no evidence of radicular pain, spinal stenosis or previous fusion. The patient has evidence of spinal stenosis and radicular pain, and there is no indication that the first facet injection provided 70% relief of symptoms, and no evidence that pain relief was at least 50% for at least six weeks. The request for bilateral C5/6 and C6/7 facet joint injection is not in accordance with MTUS/ACOEM or ODG guidelines. The request for a bilateral C5-6 C6-7 facet joint injection is not medically necessary or appropriate.