

Case Number:	CM14-0047500		
Date Assigned:	07/02/2014	Date of Injury:	11/20/2004
Decision Date:	10/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 79-year-old female who reported an injury on 11/20/2004. The injured worker fell while carrying a small box of calendar. She sustained injuries to her right shoulder. The injured worker's treatment history include physical therapy, medications, MRI studies, CT scan of the head, EMG/nerve conduction velocity studies of the right upper extremity, x-rays, cervical epidural steroid injections, and corticosteroid injections to the shoulder. The injured worker has been receiving corticosteroid injections and epidural injections since approximately 09/01/2010. The injured worker had undergone an anterior cervical discectomy and fusion at C6-7 on 02/15/2013 and it was documented that it was 60% better than the prior. The injured worker was having some mild arm pain. The injured worker was evaluated on 05/25/2014. It was documented that the injured worker continued to be symptomatic after cervical spine surgery and cervical steroid injections. The documents submitted indicated the injured worker had an MRI dated 04/22/2011 revealed diffuse disc degeneration. The injured worker had a diagnostic cervical facet injection on 12/17/2013; however, the injured worker missed the postoperative appointment. The injured worker was unable to remember if it was helpful or not. The injured worker does have memory issues has symptoms and findings related to possible Alzheimer's dementia. The physical examination of the cervical spine revealed tenderness to palpation along the cervical paraspinal muscles and cervical facet joints with muscle tension extending into the bilateral upper trapezius muscles. Range of motion of the cervical was decreased by 20% with flexion/extension, and decreased by 20% with rotation to the left. Her diagnoses included pain in joint shoulder; dementia w/o behavior dist, chronic pain NEC, syndrome cervicobrachial and neck pain. The Request for Authorization dated 03/06/2014 was for a left cervical facet joint injection with fluoroscopic guidance and intravenous sedation, C7 to T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical facet joint injection with fluoroscopic guidance and IV sedation, C7-T1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation, Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back. Facet Joint Therapeutic Steroid Injections.

Decision rationale: According to Official Disability Guidelines (ODG) do not recommend facet joint steroid injections. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). Medial branch blocks: This procedure is generally considered a diagnostic block. There is one randomized controlled trial (RCT) comparing the effect of medial branch blocks with bupivacaine alone to blocks with the same local anesthetic plus steroid (60 patients in each group). No placebo arm was provided. Patients with radicular symptoms were excluded. Patients with uncontrolled major depression or psychiatric disorders and those with heavy opioid use were also excluded. Pain reduction per each individual block in both groups ranged from 14 to 16 weeks. It was opined that there was no role for steroid in the blocks, and the mechanism for the effect of local anesthetic only could only be speculated on. It was also noted that blocks were required 3 to 4 times a year for continued pain relief. The documents submitted indicated the injured worker has been receiving epidural steroid injection since 2010. However her pain returns slowly. There was lack of documentation of longevity of relief after receiving injections. Given the above, the request for left cervical facet joint injections with fluoroscopic guidance and IV sedation, at C7-T1 is not medically necessary.