

Case Number:	CM14-0050384		
Date Assigned:	06/25/2014	Date of Injury:	10/08/1986
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This is a patient with a date of injury of 10/8/86. A utilization review determination dated 3/14/14 recommends non-certification of therapeutic facet injections at bilateral C5-6. 4/18/14 medical report identifies prior left transforaminal C5-6 and C6-7 therapeutic injections on 11/7/12 and 9/18/13 with 50-60% relief for 3-5 months. Currently, the patient has axial cervical spine pain and headaches. On exam, there are tender bilateral facet in the C5-6 regions bilaterally, Range of motion (ROM) is limited, grip strength is 4/5 bilaterally. The provider notes that the pain is not radicular, and radicular pain was addressed previously with transforaminal epidural steroid injection (ESI). The provider also noted that if the reviewer felt that a set of diagnostic medial branch blocks are request, they could move in that direction should that procedure be authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 THERAPUTIC FACET INJECTION AT BILATERAL C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/NECK AND UPPER BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Neck Chapter, Facet Joint Diagnostic Blocks, Facet Joint Pain Signs And Symptoms, Facet Joint Therapeutic Steroid Injections.

Decision rationale: Regarding the request for therapeutic facet injection at bilateral C5-C6, CA MTUS and ACOEM do not cite specific indications for this procedure. The Official Disability Guidelines (ODG) does support the use of medial branch blocks followed by radiofrequency neurotomy (if successful) to treat facet joint pain. However, they do not recommend intraarticular facet joint therapeutic injections noting that, if this procedure is performed anyway and provides relief, the recommendation is to proceed to medial branch blocks and radiofrequency neurotomy for more definitive treatment. Within the documentation available for review, there is no clear rationale for the use of therapeutic facet joint injections rather than the treatment supported by the guidelines as noted above, and while the provider does acknowledge willingness to utilize diagnostic medial branch blocks instead, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested therapeutic facet injection at bilateral C5-C6 is not medically necessary.