MAXIMUS Federal Services

Case Number:	CM14-0051389		
Date Assigned:	07/07/2014	Date of Injury:	05/02/2005
Decision Date:	08/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 injured worker is a 69-year-old male with an unknown injury reported on 05/02/2005. On 07/22/2013, he had bilateral C2-3, C3-4, and C5-6 cervical facet joint injections. On 09/05/2013, it was noted that the injections were effective to manage his symptoms. His quality of life had improved, and he actually felt much better with respect to his neck pain. On 09/13/2013, his diagnoses included neck pain likely secondary to facet arthropathy, MRI evidence of cervical degenerative disc disease, history of type II diabetes, and hypertension. It was noted that he did not respond very well to median branch blocks but did respond very well to facet injections in the past. On 03/07/2014, it was noted that, in September, he had facet joint injections which worked extremely well for about 8 months, but at the time of that examination his pain was returning to the same level that he had had in the past with the same pattern. The worker was requesting the same injections to be done again. He described his pain as constant and rated it at 8/10. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates): 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, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks Section.

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 and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for Right Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates) is not medically necessary. California ACOEM Guidelines do not recommend therapeutic facet injections for acute regional neck pain. Injection of trigger facet joints has no proven benefit in treating acute neck and upper back symptoms, even though many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy. The diagnostic blocks are performed with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Among the criteria for the use of diagnostic blocks for facet nerve pain is that there should be a 70% reduction in pain. Also, there should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. Although the documentation stated that this worker received benefit from a previous set of facet injections, it was not quantified to the required 70% pain relief level. Also, there was no documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. A request for facet neurotomy was not included. The clinical information submitted failed to meet the evidence based guidelines for facet joint injections. Therefore, the request for Right Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates) is not medically necessary.

Left Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates): 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, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks Section.

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 and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for Left Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates is not medically necessary. California ACOEM Guidelines do not recommend therapeutic facet injections for acute regional neck pain. Injection of trigger facet joints has no proven benefit in treating acute neck and upper back symptoms, even though many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy. The diagnostic blocks are performed with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Among the criteria for the use of diagnostic blocks for facet nerve pain is that there should be a 70% reduction in pain. Also, there should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the

procedure for at least 4 weeks to 6 weeks. Although the documentation stated that this worker received benefit from a previous set of facet injections, it was not quantified to the required 70% pain relief level. Also, there was no documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. A request for facet neurotomy was not included.The clinical information submitted failed to meet the evidence based guidelines for facet joint injections. Therefore, the request for Left Facet Joint Injection to C3-4 and C4-5 (to be done on separate dates) is not medically necessary.