

Case Number:	CM14-0075607		
Date Assigned:	07/16/2014	Date of Injury:	06/08/2001
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 71 year old female with complaints of neck pain and left upper extremity pain. Date of injury is 6/8/01 and there is no documented mechanism of injury. At the time of request for facet joint injections left C4-5 and C5-6, there is subjective (neck pain, upper extremity pain) and objective (restricted range of motion cervical extension and lateral rotation, left > right, diminished sensation left upper extremity, positive Spurling's left) findings. The imaging findings include C5-6 disc disease, C4 thru C7 spondylolisthesis as stated in the records however no imaging studies were provided in the records reviewed. The diagnoses are cervical facet syndrome, C4 thru C7 spondylolisthesis, C5, C6 radiculopathy, C5-6 disc disease. The treatment to date includes medications, traction, home exercises program, facet injections, and epidural steroids. Per Official Disability Guidelines recommendations, Intra-articular facet injections are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Intra-articular Facet Joint Injections at C4-C5, C5-C6 levels, as an Outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

Decision rationale: Per Official Disability Guidelines recommendations, Intra-articular facet injections are not recommended. If an injection is done it is thought to be more diagnostic with the following criteria: 1. No evidence of radicular symptoms, spinal stenosis, or failed fusion. 2. Must have 70% initial pain relief with 50% pain reduction that is ongoing for at least 6 weeks. 3. No more than 2 levels blocked at one time 4. If significant pain relief of duration achieved, there should be a plan for radiofrequency neurotomy at this point. 5. There should be a formal plan for physical therapy and rehabilitation to coincide with the facet block and future radiofrequency neurotomy. As not all of these criteria have been met, the intra-articular facet injection as stated/requested above is not medically necessary.