MAXIMUS Federal Services

Case Number:	CM14-0187254		
Date Assigned:	11/17/2014	Date of Injury:	12/19/2013
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old male who reported an injury on 12/19/2013 after an MVA. The injured worker has diagnoses of displaced cervical intervertebral disc, brachial neuritis and radiculitis, and issue repeat prescriptions. Medications included Norco, Butrans patch, and Zoloft. He rated his pain to the left shoulder and neck a 5/10 using the visual analog scale (VAS). Prior treatments included cervical epidural steroid injection, physical therapy, and medications. Diagnostic studies included a magnetic resonance imaging (MRI) of the cervical spine that revealed cervical spondylosis, disc degenerative with a bulging disc, foraminal stenosis to the left at the C3-5 and C6-7. The physical examination dated 10/09/2014 of the cervical spine revealed tenderness to the lower paracervical areas and tenderness over the spinous process from C5 through C7 in the left paracervical areas. There was tenderness over the facet joints on the left side from C5 through C7. Along with tenderness to the trapezius. The injured worker complainted of pain extending up toward the occipital areas, as well as the left side. Pain was greatly agitated by extension and rotation. Flexion reproduced discomfort extending to the left superior trapezius area. Spurling's test was negative for radicular findings. Deep tendon reflexes and strength were intact to the upper extremities. The treatment plan included a facet injection to the cervical spine at the C4-5 and C5-6. The Request for Authorization dated 11/17/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection cervical spine left C4-5/C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck Chapter

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

Decision rationale: The request for Facet injection cervical spine left C4-5/C5-6 is not medically necessary. The 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. There was lack of documentation of longevity of relief after receiving injections. Additionally, review of the guidelines do not recommend facet injections. Given the above, the request for is not medically necessary.