MAXIMUS Federal Services

Case Number:	CM14-0195130		
Date Assigned:	12/02/2014	Date of Injury:	10/08/2001
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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, 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:

The patient is a 50 year old male who sustained a work related injury on October 8, 2001. No mechanism of injury was documented. The diagnosis is cervical disc degeneration and nerve root irritation with upper extremity radiculopathy, cervical 5-6. No complex surgical interventions were documented. There is no documentation of current medication usage. A magnetic resonance imaging without contrast dated December 17, 2012 notes mild cervical 5-6 and cervical 6-7 degenerative disc disease with minimal central encroachment; no acute osseous or ligamentous abnormality, and possible cyst or intramuscular lipoma at the right supraspinous musculature. This is a patient with a date of injury October 8, 2001. A progress report dated October 27, 2014 identifies subjective complaints of significant improvement in pain greater than 80% following epidural injection on October 16, 2014. Objective examination findings reveal motor strength is normal, no sensory deficits noted, and "the patient does have a component of mechanical neck pain, and there has been noted facet arthrosis at C5-6." No diagnosis is listed. The treatment plan states that the patient had complete resolution of radiculopathy following epidural injection. Recommendation is made for a facet injection at C5-6 with consideration of rhizotomy. A progress report dated August 4, 2014 states that the patient underwent a facet injection on January 16, 2014 at C5-6 with 5 months of nearly 100% improvement. Objective examination findings reveal pain with extension of the cervical spine with exacerbation upon palpation over C5-6 facet joint. The treating physician has requested authorization for 1 facet injection at cervical 5-6 with fluoroscopic guidance. On November 13, 2014 the Utilization Review non-certified the prospective request for 1 facet injection at the cervical 5-6 level with fluoroscopic guidance. Citations used in the decision process were the ACOEM and Official Disability Guideline (ODG), Neck and Upper Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 facet injection at C5-C6 with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections

Decision rationale: Regarding the request for cervical facet injection, ACOEM recommends conservative treatment prior to invasive techniques. ODG states that the physical findings consistent with facet mediated pain include axial neck pain, tenderness to palpation over the facet region, decreased range of motion particularly with extension and rotation, and absence of radicular or neurologic findings. ODG goes on to state that therapeutic facet injections are not recommended. If an initial facet injection is successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Within the documentation available for review, it appears the patient has undergone one facet injection previously. Guidelines do not support the use of repeat facet injections. As such, the currently requested cervical facet injection is not medically necessary.