

Case Number:	CM14-0204352		
Date Assigned:	12/15/2014	Date of Injury:	12/13/2007
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine 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 December 13, 2007. A utilization review determination dated December 23, 2014 recommends noncertification of facet injections left C4-5, C5-6 with moderate sedation. A report dated May 23, 2014 indicates that the patient has probable radiculopathy and has undergone epidural steroid injections. The note states that EMG/nerve conduction study demonstrates left C6 radiculopathy. The note indicates that the patient has achieved a 70% improvement with repeated epidural steroid injections in the cervical spine. Physical examination reveals diminished sensation in the left C6-7 distribution with decreased left grip strength. The diagnosis is cervical radiculopathy secondary to disc degeneration. Future medical care recommends cervical epidural steroid injections and consideration of facet joint injections. A progress report dated August 22, 2014 identifies subjective complaints of neck pain with numbness in the arm. Physical examination reveals limited range of motion in the neck with tenderness over the facet joints and cervical spine. The treatment plan recommends C4-5 and C5-6 intra-articular facet injection on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection Left C4-C5, C5-C6 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Facet Injection

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. The 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. The 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 substantial objective findings of radiculopathy. Furthermore, the patient has received 70% reduction in pain from epidural steroid injections previously. Guidelines clearly recommend against performing facet injections in a patient with radiculopathy. Furthermore, if the patient achieved 70% reduction in pain from epidural injections, it is unclear how much pain remains that is unexplained by the cervical radiculopathy issue. In the absence of clarity regarding those issues, the currently requested cervical facet injection is not medically necessary.