MAXIMUS Federal Services

Case Number:	CM15-0104330		
Date Assigned:	06/08/2015	Date of Injury:	08/05/1999
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on August 5, 1999. She reported neck pain, bilateral shoulder pain and headaches. The injured worker was diagnosed as having status post cervical fusion, failed neck syndrome and facet arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, medications, surgical intervention of the cervical spine, conservative care and work restrictions. Currently, the injured worker complains of intractable cervical pain, bilateral shoulder pain and headaches, urinary urgency and incontinence, dizziness, loss of balance and mobility, abnormal gait pattern requiring the use of a four wheeled walker, frequent falls and use of multiple pain medications. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 13, 2015, revealed continued pain with associated symptoms as noted. She reported riding with a friend to the appointment secondary to being unable to drive. Bilateral cervical facet injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injections C3-C4 bilateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint therapeutic steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter Facet Joint Therapeutic Steroid Joint Injections.

Decision rationale: The patient has pain in the neck to bilateral shoulders, with headaches. The current request is for cervical facet injections C3-C4 bilateral. Per ODG cervical facet injections are not recommended. 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) While not recommended, the criteria for the use of therapeutic intra-articular blocks, if used anyway state that there should be no previous fusion. The records indicate the patient had a previous fusion at C4-5 and C5-6. The guideline criteria states, "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." The patient has not had a previous fusion at the C3-4 level. The patient has some radicular complaints on history and physical exam; however, this is not supported by diagnostic studies. The criteria for radiculopathy has not been met. Therefore, the request for cervical facet injections at C3-C4 bilaterally are medically necessary.