

Case Number:	CM15-0104969		
Date Assigned:	06/09/2015	Date of Injury:	10/27/2008
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40 year old male, who sustained an industrial injury on 10/27/2008. He reported that he was a passenger in a work vehicle that was involved in a motor vehicle accident where the vehicle was noted to roll over multiple times. The injured worker was diagnosed as having degenerative joint disease of the right knee, status post right knee surgery, chondromalacia of the right knee, intractable axial neck pain with radiating upper extremity pain, degenerative disc disease of cervical five to six with moderate left foraminal stenosis, right ankle sprain, and status post bilateral carpal tunnel release. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the right knee, status post right knee arthroscopy, Synvisc injection to the right knee, and above noted procedures. Magnetic resonance imaging of the cervical spine performed on 03/24/2015 was revealing for disc bulge with loss of nucleus pulposus but without spinal stenosis at cervical six to seven, anterolisthesis at cervical seven to thoracic one without spinal stenosis, and disc bulges at thoracic one to two and two to three without spinal stenosis. In a progress note dated 02/19/2015 the treating orthopaedic physician reports complaints of constant neck pain and moderate to severe frequent knee pain with swelling, aching, popping, grinding, stiffness, weakness, numbness and tenderness. The injured worker's pain level is rated an 8 to 10 out of 10. Examination reveals tenderness on palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles, positive levator scapulae and trapezius muscle spasms, decreased range of motion of the cervical spine, and positive Spurling sign to the neck pain

radiating to the levator scapulae and trapezius muscles. On 05/07/2015, facet injection rhizotomy cervical five to six and cervical six to seven with the physician noting that the injured worker's pain has not improved significantly along with facet injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection rhizotomy C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facet rhizotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).

Decision rationale: According to ODG guidelines regarding facets injections, Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection The ODG guidelines did not support facet injection for cervical pain in this context. There is no strong evidence supporting the use of cervical facet injection for the treatment of neck pain. There is no documentation that the cervical facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Therefore, the request for Facet injection rhizotomy C5-6, C6-7 is not medically necessary.