

<b>Case Number:</b>	CM15-0027234		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 49-year-old male, who sustained an industrial injury on July 26, 2013. The diagnosis is not included in the providers note dated January 28, 2015. Treatment to date has included oral pain medication. Currently, the injured worker complains of shoulder and neck pain. In a progress note dated January 28, 2015, the treating provider reports examination of neck reveals limited range of motion. On February 2, 2015 Utilization Review non-certified a outpatient cervical facet injection C2-C3, noting, Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injection at C2-C3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and upper back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet joint therapeutic steroid injections.

**Decision rationale:** Facet joint therapeutic steroid injections are not recommended. 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). Facet joint injections of the cervical spine are not recommended. The request should not be authorized.