MAXIMUS Federal Services

Case Number:	CM14-0148218		
Date Assigned:	09/18/2014	Date of Injury:	10/22/2007
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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:

Claimant is a 54 year old female with an injury dated 10/22/07 with related cervical spine pain. Per progress report dated 8/12/14, the injured worker rated her pain 8/10 in intensity. She reported that she was very depressed. She reported that her hip was hurting when she walked and that her hands were getting numb. Per physical exam, decreased pinprick, in both upper extremities, specifically in the median nerve distribution, C5, C6 and C7 bilaterally was noted. MRI of the cervical spine (date unknown) revealed 2-3mm protrusion at C5-C5 and C5-C6 with mild cord impingement. Treatment to date has included physical therapy, chiropractic manipulation, epidural injections, surgery, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injections Bil C3-4, 4-5, 5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines,(http://www.odg-twc.com/odgtwc/neck.htm)

MAXIMUS 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) Neck and Upper back, Facet Joint Therapeutic Steroid Injections

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines p181 do not recommend facet injection of corticosteroids for evaluating and managing neck and upper back complaints. Per Official Disability Guidelines (ODG) TWC Facet joint therapeutic steroid 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." While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.6. No more than one therapeutic intra-articular block is recommended. Review of the submitted documentation indicates that the injured worker has been diagnosed with cervical radiculopathy, which are exclusion criteria for this procedure. Additionally, the request is for three levels to be blocked, the California Medical Treatment Utilization Schedule (MTUS) only allows for 2 levels to be blocked. And there is no evidence of a formal plan of rehabilitation included in the documentation. The request is not medically necessary.