

Case Number:	CM14-0163980		
Date Assigned:	10/08/2014	Date of Injury:	10/20/2003
Decision Date:	11/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management 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:

The injured worker is a 37-year-old female with a date of injury on October 20, 2003. The operative notes dated April 2, 2014, indicate that she underwent left C4-5, C5-6, and C6-7 intra-articular facet injection without complications. The June 24, 2014 records indicate that she continued to experience significant benefit her prior left C4-5, C5-6, and C6-7 facet injections. She indicated that left-sided neck pain was reduced by approximately 80% and range of motion has remained significantly improved. She also stated that she was able to maintain an increased level of activity but does have some tightness in the left lateral neck. On examination, affect was flat, the range of motion was mild limited to extension and there was mild pain noted on the left. Mild tenderness was noted over the left C4-5, C5-6, and C6-7 facet joints. Three triggers points were noted over the left lateral trapezius between the base of the neck and left shoulder. Sensation was decreased over the lateral left arm and dorsum of the left hand at digits 2, 3, and 4. The records dated August 26, 2014 documents that the injured worker experienced approximately 80% reduction in left neck pain due to the intra-articular facet injections on the left C4-5, C5-6, and C6-7 but effects have been waning. She indicated left-sided neck pain started to worsen, unchanged in location, and quality from previous. She noted that her neck range of motion remained significantly improved until the recent worsening and had been enjoying increased capacities for activities of daily living. On examination, the neck range of motion was mildly limited to extension. Moderate pain was noted over the left neck to cervical extension. Tenderness was noted over the C4-5, C5-6, and C6-7 facet joints. Three trigger points were noted over the left lateral trapezius between the base of the neck and left shoulder with moderate tenderness. Sensation was decreased over the left lateral arm and dorsum of the left hand at digits 2, 3, and 4. Treatments include psychiatric medications, Norco, and other pain medications. She is diagnosed with sympathetically-mediated pain of the left upper extremity,

significant depression secondary to pain, cervical facet arthropathy, myofascial syndrome, bilateral carpal tunnel syndrome, and pain to the right thumb and wrist with contractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5, C5-6,C6-7 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

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

Decision rationale: According to evidence-based Official Disability Guidelines (ODG), facet joint therapeutic steroid injections are not recommended as there are no reports regarding the effect of intra-articular steroid injections as well as there are no comparative studies between intra-articular blocks and rhizotomy. Moreover, the guidelines recommend that if initial block is successful with at least 70% pain relief for duration of 6 weeks. Also, the guidelines indicate that if facet joint therapeutic steroid injections are to be used anyway in spite of no recommendations no more than two levels may be blocked at any one time. In this case, the injured worker is noted to experience pain relief of at least 80% with improved range of motion and increased activities of daily living as a result. However, due to non-recommendation and the guidelines state to proceed to the medial branch diagnostic blocks, the medical necessity of the requested left C4-5, C5-6, and C6-7 facet injections is not established. In addition, the request involves three levels which are also outside the recommendations of guidelines. Therefore, this request is not medically necessary.