

Case Number:	CM14-0178160		
Date Assigned:	10/31/2014	Date of Injury:	09/02/2013
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year-old female who had a work injury dated 9/2/13. The diagnoses include post-traumatic left cervical facet syndrome; adjustment disorder, mixed depression and anxiety; chronic pain syndrome with insomnia, GERD and irritable bowel symptoms; hypertriglyceridemia; major depressive disorder; left wrist internal derangement. This is a request for left cervical facet injection, C2-C3. Under consideration are requests for left cervical facet injection, C2-C3. There is a 3/16/14 progress note that states that the patient moderate to severe cervical facet point tenderness with resisted cervical spine range of motion and pain with facet loading of the cervical spine. The document states that the imaging studies of the cervical spine also reveal significant facet degenerative changes especially at left C2-3 area. She has findings of mild associated brachial plexopathy on examination with a positive left Root, costoclavicular abduction, and dysesthesia in C8-T1 dermatome with double crush findings in the upper extremity. The physical exam also revealed a positive axial compression test. There is a 4/17/14 progress note that states that she continues to have left-sided neck pain radiation to the left upper extremity. She continues to work within her capacity. On physical examination, she has decreased range of motion of the cervical spine. She has trapezial spasm and paraspinal muscle tenderness from the neck area extending down to the mid-back, more so on the left side. She also continues to have positive Lhermitte's testing with pain radiating to the left upper extremity. There is a request for a pain management consult for cervical injections. Per 6/4/14 QME on March 13, 2014, it was noted that the patient had completed her physical therapy. She currently felt "a little bit" better. She had consulted a physician in pain management who recommended epidural injections. She was thinking of considering epidural injections. She

continued having neck pain and left-sided radiculopathy, and "a lot" of trapezial spasm and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical facet injection, C2-C3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back- Facet joint therapeutic steroid injections; Facet joint pain, signs & symptoms; Facet joint diagnostic blocks

Decision rationale: Left cervical facet injection, C2-C3 is not medically necessary per the MTUS and the ODG guidelines. The ODG states that facet injections are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The MTUS ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The documentation suggests that the patient's symptoms are not purely facet related and are suggestive of a radicular component. The guidelines do not support facet injections in cervical pain with radicular symptoms therefore the request for a left cervical facet injection, C2-C3 is not medically necessary.