

Case Number:	CM14-0089108		
Date Assigned:	09/19/2014	Date of Injury:	12/13/2007
Decision Date:	10/20/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

This 41 year-old patient sustained an injury on 12/13/07 from a slip and fall. Request(s) under consideration include Cervical facet injection bilaterally C2-3, C3-4, C4-5. Diagnoses include Chronic pain due to trauma; chronic headache; chronic muscle spasm; chronic COAT; neck pain; and depression. AME report of 6/16/10 noted patient had treated conservatively with medications, 16 sessions of PT, chiropractic manipulation, diagnostics, psyche AME, multiple facet injections, and modified activities/rest. Report of 2/13/14 noted exam findings of painful limited cervical range with positive facet loading; intact balance and gait; intact motor strength. The provider noted the patient had decreased headaches post TPI which helped for a few months for about 40%. Medications list Flexeril, Norco, Amitriptyline, and Prilosec. Report of 5/21/14 from the provider noted the patient with chronic pain symptoms with neck pain radiating to head rated at 8/10 without medications and 6/10 with medications. It was noted previous facet injections over eight months ago helped to almost get rid of her medications. Current medication lists unchanged Advil, Norco, Flexeril, Amitriptyline, and Prilosec. Exam showed unchanged painful limited cervical range; positive facet loading; intact balance and gait and no motor weakness. Treatment included 3 level cervical facet injections and the patient remained P&S. The request(s) for Cervical facet injection bilaterally C2-3, C3-4, C4-5 was non-certified on 5/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injection bilaterally C2-3, C3-4, C4-5: 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 (ODG) Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

Decision rationale: Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Although it is reported the patient had improvement from previous facet injections and clinical findings do not indicate any neurological deficits, there is no MRI report provided for review to indicate significant facet arthropathy nor are there documented functional improvement in terms of decreased medication profile, increased ADLs, and decreased medical utilization. The patient underwent multiple trigger point injections on same pharmacological profile subsequent to cervical facets for continued symptom complaints. Submitted reports have no indication for failed conservative trial for diagnoses of neck pain. Criteria per Guidelines have not been met. The Cervical facet injection bilaterally C2-3, C3-4, C4-5 are not medically necessary and appropriate.