MAXIMUS Federal Services

Case Number:	CM15-0003996		
Date Assigned:	01/15/2015	Date of Injury:	12/03/1996
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male who sustained a cumulative industrial injury on 12/03/1996. He has a chief complaint of neck pain. Diagnoses include cervical radiculopathy, chronic pain syndrome, degeneration of cervical intervertebral disc, headache, depressive disorder and back problems. Treatment documented to date has included medications, and one bilateral cervical facet injection which gave 100% relief of pain for 10 days. The treating provider is requesting cervical facet injection bilaterally at C2-3, 3-4 and 4-5. A physician progress note dated 12/16/2014 documents the injured worker has neck pain that is moderate and his symptoms are fluctuating. The location of the pain is bilateral anterior neck, bilateral lateral neck and bilateral posterior neck. The pain is described as aching and discomforting. Aggravating factors include prolonged sitting, standing and daily activities. Relieving factors include narcotic analgesics, over the counter medication, rest and lying down. The injured worker has a pain level of 1 out of 10 with medications, and 6 out of 10 without medications. On 12/23/2014 the Utilization Review non-certified the request for cervical facet injection bilaterally at C2-3, 3-4 and 4-5, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM)-Low back Complaints, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injection bilaterally at C2-3, 3-4 and 4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, pages 174, 181-2. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: http://www.guideline.gov/content.aspx?id=45379#Section420

Decision rationale: Cervical facet injections are an option in the treatment of pain caused by facet inflammation. The ACOEM guidelines point out its use is primarily of diagnostic benefit as there is inadequate evidence-based support for its use therapeutically. The American Society of Interventional Pain Physicians also notes good evidence to support its use as a diagnostic modality but note only limited evidence to support its therapeutic use. However, the ASIPP guidelines finds fair evidence for use of cervical radiofrequency neurotomy or cervical medial branch blocks to treat facet pain syndromes. The provider noted the long-term benefit this patient patient experienced from his prior cervical facet injection but does not discuss the alternative treatment modalities of either radiofrequency neurotomy or cervical medial branch blocks in his medical record in which he suggests another round of facet injections. As noted above the medical literature does not support repeated therapeutic facet injections. Medical necessity for this procedure has not been established.