

<b>Case Number:</b>	CM15-0019515		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female patient, who sustained an industrial injury on 04/18/2014. A pain follow up visit dated 01/15/2015 reported the patient being 5 weeks status post cervical epidural injection with note of receiving significant relief of radicular pain. The majority of complaint resides in the cervical region. Physical examination of the cervical spine showed tenderness to palpation of the bilateral paraspinous regions in the mid-cervical region overlying the C4-5 and C5-6 facet joints. The assessment found multiple level cervical disc protrusions, facet arthropathy, and foraminal stenosis, C4-5 and C5-6 levels; bilateral cervical radiculitis significantly improved with cervical epidural injections and persistent cervicgia secondary to facet arthropathy. A request was made for bilateral cervical facet joint injection at C4-5, C5-6 and a post injection follow up visit. On 01/26/2015, Utilization Review, non-certified the request, noting the ODG Neck and Upper Back Chapter, Facet Joint Therapeutic Steroid Injection, and Follow up Visits were cited. The injured worker submitted an application, on 02/02/2015 for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injection bilateral C4-5, C5-6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter-Facet joint therapeutic steroid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck Pain chapter and Facet joint injections

**Decision rationale:** According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, 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. In this case, the claimant had already received an epidural injection in December 2014. In addition facet pathology is considered if there are no radicular symptoms. In this case, the claimant did have an abnormal strength exam. An MRI on 11/5/14 indicated no facet pathology of the cervical spine. Based on the above, the facet block is not medically necessary.

**Post injection follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Pain chapter- follow-up

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the facet injection above is not medically necessary. Therefore, the follow-up is not medically necessary.