

Case Number:	CM15-0117441		
Date Assigned:	06/25/2015	Date of Injury:	06/11/2002
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male sustained an industrial injury to the neck on 6/11/02. Previous treatment included physical therapy, chiropractic therapy, massage, injections, medial branch blocks and radiofrequency ablation at right C4-7 (2007), home exercise and medications. In 2008 the injured worker suffered a cerebrovascular accident affecting the entire left side of the body with subsequent ongoing left neck, shoulder arm and leg pain. Magnetic resonance imaging cervical spine (5/1/15) showed spondylosis at C6-7, facet arthritis worse on the right at C5-6 with some right facet arthritis at C4-5 and C6-7, some foraminal narrowing at right C5-6 and mild disc degeneration without central stenosis or cord signal change. In a PR-2 dated 5/27/15, the injured worker complained of pain in the right paracervical area extending into the scapular area, rated 6/10 on the visual analog scale. The injured worker had recently started using a transcutaneous electrical nerve stimulator unit with 20% relief of his neck pain. Physical exam was remarkable for tenderness to palpation to the right mid and lower paracervical areas and over the facet joints with restricted neck range of motion and intact strength and deep tendon reflexes to bilateral upper extremities. Current diagnoses included cervical spine spondylosis without myelopathy, cervical spine degenerative disc disease and cervicgia. The treatment plan included cervical spine facet injections at right C4-5 through C6-7 for diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection, C-spine, right C4-C5/C5-C6 and C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation x ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for facet injection, ACOEM recommends conservative treatment prior to invasive techniques. ODG states that the physical findings consistent with facet mediated pain include axial neck pain, tenderness to palpation over the facet region, decreased range of motion particularly with extension and rotation, and absence of radicular or neurologic findings. ODG cites that current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBB. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation available for review, no rationale is presented for the use of facet joint injection rather than the medial branch blocks supported by the guidelines and, unfortunately, there is no provision for modification of the current request. As such, the currently requested facet injection is not medically necessary.