

Case Number:	CM15-0119067		
Date Assigned:	06/29/2015	Date of Injury:	12/28/1990
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 75-year-old female who has reported widespread pain, including chronic neck pain, after an injury on 12/28/1990. The details regarding the initial injury were not included in the medical records submitted for this review. The diagnoses include cervical radiculitis, carpal tunnel syndrome, lumbago-sciatica, diabetes, and hip/thigh injury. Treatments have included medication, physical therapy, facet joint injections, possibly rhizotomies, and shoulder joint injection. Per the PR2 of 6/3/15, there was neck and arm pain. Prior treatment included "cervical facet joint injection and rhizotomies on 10/7/13". This PR2 contained a summary of visits from 10/10/13 to 6/3/15. The notes appear to state that there was some degree of pain relief after the injections on 10/7/13 and possibly a return to work at the end of April 2014. Neck pain worsened some time in 2014, and worsened head, neck, and shoulder pain was present as of 6/3/14. An MRI in 2013 reportedly showed a C4-6 fusion with no other bony changes. The neck was tender with non-specific radicular signs. The treatment recommendations included physical therapy and "cervical facet injections, ablations occipital nerve block and median branch blocks in the neck". On 6/12/15 Utilization Review non-certified the cervical facet injections and associated services, noting the MTUS and Official Disability Guidelines recommendations, lack of outcome information from prior injections, and lack of sufficient detail in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical facet injections to C3-C4, C6-C7 and C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks)
(http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).

Decision rationale: The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. Page 181 of the ACOEM Guidelines 2nd Edition recommends against facet injection of corticosteroids. The proposed injections in this case appear to be facet injection of corticosteroids, which would not be medically necessary according to this section of the MTUS. The Official Disability Guidelines provide additional recommendations for cervical spine facet procedures. The Official Disability Guidelines state that facet joint therapeutic steroid injections are not recommended. No more than 2 levels should be blocked at any one time. Blocks are recommended as a diagnostic procedure prior to facet neurotomy. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There is no recommendation to repeat therapeutic facet blocks, even if there is good pain relief. All treatment for chronic pain should have the goal of functional improvement, per the MTUS. Any treatment like facet injections should therefore be in the context of specific measures to measure and increase function. This requires an accurate assessment of function, including work status, and specific goals for increasing function. There is an inadequate treatment plan addressing function, including work status. In this case, the injured worker has already had prior facet injections. The specific response in terms of pain relief and functional improvement was not described. Functional improvement did not appear to be very significant, given that the injured worker did not return to work until months later and there was no other specific description of functional improvement. Assuming there were to have been a sufficiently good response to the prior injections, the next phase of treatment would be medial branch blocks and/or a rhizotomy, not a repeat series of facet joint injections. The current request is for facet injections at 3 levels, which exceeds the Official Disability Guidelines recommendations. As requested, the facet joint injections are not medically necessary based on the recommendations of the MTUS and the Official Disability Guidelines, as discussed above.

Pre-op clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks)
(http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). As the request for Outpatient cervical facet injections to C3-C4, C6-C7 and C7-T1 was not certified, the request for Pre-op clearance is not medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.