

<b>Case Number:</b>	CM15-0026573		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old female who sustained a work related injury July 18, 2014. She was in an elevator that dropped a couple of floors, came to an abrupt stop and she experienced immediate neck pain and headache. According to physical therapy notes dated October 30, 2014 present diagnoses are cervical sprain/strain, muscle spasm of the neck, and headache. The physical therapy note from November 20, 2014, finds the injured worker complaining of increased pain that is constant and radiating up and over the head to the forehead. There is also sharp pain in the right temple area and jaw pain. Any movement exacerbates the pain which is described as constant. Acupuncture was performed on November 26, December 1 and December 2, 2014, for a total of 30 minutes needle time. A note signed by the acupuncturist states the injured worker will see improvement with continued treatments. There are no medical records present in the case file from a physician for review. According to utilization review dated February 5, 2015, the request for Facet Injection Left C2-C3 with fluoroscopy and conscious sedation QTY: (1) is non-certified, citing ODG Treatment in Workers' Compensation. The request for Facet Injection Left C3-4 with fluoroscopy and conscious sedation QTY: (1) is non-certified, citing ODG Treatment in Workers' Compensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Facet Injection Left C2-3 with fluoroscopy and conscious sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2007 or current year, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**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/lowback.htmFacetjointinjections>).

**Decision rationale:** Joint injections of cortisone and lidocaine are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG guidelines regarding facets injections, Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. The ODG guidelines did not support facet injection for cervical pain in this context. There is no strong evidence supporting the use of cervical facet injection for the treatment of neck pain. There is no recent documentation that the cervical facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Furthermore, here is no documentation of rationale behind the request for cervical facet block and whether this is used for diagnostic and therapeutic purpose, since the acupuncture treatment seems to be working (a note signed by the acupuncturist states the injured worker will see improvement with continued treatments). Therefore, the request for Facet Injection Left C2-3 with fluoroscopy and conscious sedation is not medically necessary.

## **Facet Injection Left C3-4 with fluoroscopy and conscious sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 2007 or current year, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**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/lowback.htmFacetjointinjections>).

**Decision rationale:** Joint injections of cortisone and lidocaine are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG guidelines regarding facets injections, Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection The ODG guidelines did not support facet injection for cervical pain in this context. There is no strong evidence supporting the use of cervical facet injection for the treatment of neck pain. There is no recent documentation that the cervical facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Furthermore, here is no documentation of rational behind the request for cervical facet block and whether this is used for diagnostic and therapeutic purpose, since the acupuncture treatment seems to be working (a note signed by the acupuncturist states the injured worker will see

improvement with continued treatments). Therefore, the request for Facet Injection Left C3-4 with fluoroscopy and conscious sedation is not medically necessary.