

Case Number:	CM15-0072935		
Date Assigned:	04/23/2015	Date of Injury:	10/17/2007
Decision Date:	07/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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:

The injured worker (IW) is a 56-year-old female who sustained an industrial injury on 10/17/2007. Diagnoses include cervical facet arthritis. Treatment to date has included medications, Botox injections, acupuncture, scalene nerve block, cervical fusion and physical therapy. MRI of the cervical spine in 2013 showed cervical spondylosis and fusion with no new herniations. CT scan of the cervical spine on 5/2/14 found evidence of post-operative changes between C4 and C6; mild canal stenosis without cord compression and mild to moderate bilateral foraminal stenosis at C3-4; and mild bilateral foraminal stenosis without canal stenosis or cord compression at C5-6. Electrodiagnostic testing on 2/12/14 was normal and on 7/17/14 indicated mild evidence of chronic denervation with reinnervation L5 and S1 impairment on the left. According to the progress notes dated 3/27/15, the IW reported constant neck pain. On examination, there limited neck motion. Medications were Lyrica, Celebrex, Tramadol and Norco. A request was made for cervical facet blocks bilaterally at C3-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical facet injection C3-C7 Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

Decision rationale: With regard to the request for cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against cervical facet injections. However, the ODG Neck Chapter does state the following: "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended." Within the submitted documentation, there is evidence of a chronic neck pain. However, this request exceeds criteria 3 above which specifies for only 2 level facet injections. Given that this request is excess of guidelines, and in general these types of injections are not recommended, this request for left cervical facet injections from levels C3 to C7 is not medically necessary.

Right cervical facet injection C3-C7 Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

Decision rationale: With regard to the request for cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against cervical facet injections. However, the ODG Neck Chapter does state the following: "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended." Within the submitted documentation, there is evidence of a chronic neck pain. However, this request exceeds criteria 3 above which specifies for only 2 level facet injections. Given that this request is excess of guidelines, and in general these types of injections are not recommended, this request for right cervical facet injections from levels C3 to C7 is not medically necessary.