

<b>Case Number:</b>	CM15-0078725		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 (IW) is a 66 year old male who sustained an industrial injury on 02/02/2006 when he tripped and fell off a roof landing on concrete onto his right side. He reported headaches, sleep disturbance because of restlessness and/or pain (nightmares/falling) numbness and paresthasias 4, 5 left hand, pelvic fracture and right knee injury. The injured worker was also diagnosed as having cervical intervertebral disc and neck pain. Treatment to date has included open reduction internal fixation right sacroiliac joint and bilateral acetabulum fractures in February 2006, diagnostic MRI's, and oral pain medications. Currently, the injured worker complains of right knee, bilateral hand/wrist, and cervical spine pain. He has headaches and neck stiffness. A request is made for authorization of Cervical Facet Joint Injection C4-5, C5-6, C6-7 Bilaterally, a neurology evaluation, and pain management evaluate and treat for neck injections and medication control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Joint Injection C4-5, C5-6, C6-7 Bilaterally:** 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), Neck and Upper Back, Facet joint diagnostic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck, Facet joint therapeutic steroid injections.

**Decision rationale:** Facet joint therapeutic steroid injections are not recommended. 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. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). 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. In this case the requested treatment at 3 cervical spine levels surpasses the 2 level maximum recommended. Criteria for facet joint injection have not been met. The request is not medically necessary.