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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/12/2013  
Date of Injury: 10/5/2010  
IMR Application Received: 7/23/2013  
MAXIMUS Case Number: CM13-0002769

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 repeat intra-articular facet joint injection **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 repeat intra-articular facet joint injection **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 13, 2013

The patient is a 41 year old male with a date of injury of 10/5/2010. Under consideration is a prospective request for one repeat IAF of the cervical facet joints. The patient is approximately two years post cervical laminectomy surgery, with continuing residual neck pain and hyperalgesia. A review of the records revealed the patient had been given two sets of intra-articular facet joint injections. One was performed in October 2012 and another performed in March 2013 giving the patient pain relief and decrease in medication usage. In the most recent progress report dated 7/2/2013 by Dr. [REDACTED], the patient continued to have neck pain as a primary complaint with intermittent shooting arm pain and sensitivity. His pain was constant and on a scale of 0/10 was a 9/10 and at times 10/10. Examination revealed decreased range of motion in the cervical spine with increase in pain in all planes and hyperalgesia over upper arms with light touch. Of note from the patients cervical MRI report on 2/12/12, the patient had right greater than left neuroforaminal stenosis at C5-6. The patients diagnoses included cervicalgia, post-laminectomy syndrome of cervical region, and cervical spondylosis.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/23/2013)
- Utilization Review Determination from [REDACTED] (dated 7/13/2013)
- Medical Records provided by the Claims Administrator
- Medical Treatment Utilization Schedule

## 1) Regarding the request for 1 repeat intra-articular facet joint injection:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Injections section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 173, which is part of the MTUS. The Expert Reviewer also cited the ODG section used by the Claims Administrator.

### Rationale for the Decision:

The employee was injured on 10/5/2010 and has experienced neck and cervical pain. The medical records submitted for review indicate that the employee reports burning and numbness in the upper extremities from the shoulders down the upper extremities into the thumbs and second and third digits of the hands bilaterally. Treatment has included prior intra-articular facet joint injection(s), which were beneficial. A request was submitted for 1 repeat intra-articular facet joint injection.

The ACOEM Guidelines indicate that invasive techniques to include facet joint injections of the neck and upper back have no proven benefit in treating acute symptoms despite the fact that many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Additionally, Official Disability Guidelines criteria indicates that for facet joint injections, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The documentation submitted for review indicates that the patient underwent an MRI of the cervical spine with findings of left neural foraminal stenosis at C4-5 and C6-7. In addition, there is evidence of radicular pain as the patient is noted to have developed radicular symptoms with radiating and burning pain and numbness in the upper extremities from the shoulders down the upper extremities into the hands to include the thumbs, as well as 2<sup>nd</sup> and 3<sup>rd</sup> digits bilaterally. The request for 1 repeat intra-articular facet joint injection is not medically necessary or appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.