

<b>Case Number:</b>	CM13-0009271		
<b>Date Assigned:</b>	02/25/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a 1/28/11 date of injury. At the time of request for authorization for right C4-5, C6-7 facet joint injection, there is documentation of subjective (worsening right sided neck and arm pain, diffuse tingling involving the right hand along the C6 dermatome; pain mainly axial and non-radiating, almost all positions can aggravate the pain) and objective (tenderness to palpation at the right deltoid and superior trapezius, diminished sensation to light touch along the right C6, C7, and C8 dermatomes, restricted range of motion, positive Spurling on the right side with reproduction of the arm pain; tender over the cervical PSM from C3-4 to C6/7 on the right, limited cervical range of motion, positive cervical facet joint tests on the right) findings, imaging findings (a cervical spine MRI (8/31/12) report revealed severe C5-6 bilateral neural foraminal stenosis, mild C5-7 vertebral canal stenosis with right greater than left C6-7 cord flattening, stable vague patchy C5-6 cord hyperintensity likely present, moderate left C3-4 neural foraminal stenosis, mild left greater than right upper cervical facet arthropathy), current diagnoses (cervicalgia, cervical facet joint syndrome, cervical radiculopathy, right shoulder pain, and numbness), and treatment to date (activity modification, medications, PT, epidural and facet injections (7/1/13 medical report identified patient does not report symptom improvement), unspecified spinal injection (7/15/13 medical report identified 70% pain relief and functional gain)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT C4-5,C6-7 FACET JOINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, section on Facet joint diagnostic blocks.

**Decision rationale:** The ACOEM Guidelines identify documentation of non-radicular facet mediated pain among the necessary criteria to support the medical necessity of medial branch blocks. The ODG indicate that 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. Within the medical information available for review, there is documentation of diagnoses of cervicgia, cervical facet joint syndrome, cervical radiculopathy, right shoulder pain, and numbness. In addition, given documentation of prior facet injections without symptom improvement, there is no documentation of a rationale for repeat facet injections. Therefore, based on guidelines and a review of the evidence, the request for right C4-5, C6-7 facet joint injection is not medically necessary and appropriate.