

<b>Case Number:</b>	CM13-0009338		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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.

### CLINICAL CASE SUMMARY

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

██████████ is a 48 year old man who sustained a work related injury on October 20 2012. According to a progress note of June 21 2013 from ██████████, the patient developed chronic neck pain and underwent a cervical epidural on April 23 2013 without much relief. According to the note of February 1 2013, the patient continued to have neck pain that did not fully improve with pain medication and physical therapy. According to the note of ██████████ performed on September 3 2013, the patient's physical examination showed very limited neck extension with bilateral facet tenderness. Raising his right arm also caused significant neck pain. At that time, he was treated with physical therapy, pain medications, and epidural steroid injection. His EMG/NCV (Electromyogram and Nerve Conduction Studies) demonstrated chronic right C7 radiculopathy. An MRI of the neck showed posterior disc osteophytes bulge C7/T1 and C6/7 narrowing of the neural foramina.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Facet injection C4-5 and C5-6 between 6/21/2013 and 9/30/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** According to MTUS guidelines, facet injections have not proven benefit in treating acute neck and upper back symptoms. Facet injection is not recommended to treat neck pain. Therefore Facet injection C4-5 and C5-6 between 6/21/2013 and 9/30/2013 is not medically necessary.