

<b>Case Number:</b>	CM13-0014525		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 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 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. 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:

This 63 year-old female sustained an injury on 11/30/12 while employed by [REDACTED]. Requests under consideration include Left C4-C5 and C5-C6 Facet Injections. Report dated 8/5/13 signed by [REDACTED] with printed name [REDACTED] noted patient with constant neck pain 5/10 while moving and looking upward. Medicine makes her dizzy. Low back pain is 5/10 while moving and ADL. Exam showed cervical spine compression test with increase pain bilaterally; AROM in ff 45/45, ext 20/45/ rotation 50/60; Decreased sensation in left C5 and C6 to pinwheel. Diagnoses included Neck sprain/strain; other specified disorders of shoulder; and lumbar disc displacement without myelopathy. Treatment included cervical spine facet blocks and lumbar spine support. The patient remained off work for another 6 weeks. Requests were non-certified on 8/9/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C4-C5 facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602, Pain Chapter, page 722

**Decision rationale:** This 63 year-old female sustained an injury on 11/30/12 while employed by [REDACTED]. Requests under consideration include Left C4-C5 and C5-C6 Facet Injections. Report dated 8/5/13 signed by [REDACTED] with printed name [REDACTED]. [REDACTED] noted patient with constant neck pain 5/10 while moving and looking upward. Medicine makes her dizzy. Low back pain is 5/10 while moving and ADL. Exam showed cervical spine compression test causing increase pain bilaterally; AROM in ff 45/45, ext 20/45/ rotation 50/60; Decreased sensation in left C5 and C6 to pinwheel. Diagnoses included Neck sprain/strain; other specified disorders of shoulder; and lumbar disc displacement without myelopathy. Treatment included cervical spine facet blocks and lumbar spine support. The patient remained off work for another 6 weeks. Per report review, objective findings of positive compression testing and decreased sensory in Left C5 and C6 dermatomes would be more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). Guidelines note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. The Left C4-C5 and C5-C6 Facet Injections are not medically necessary and appropriate.

**Left C5-C6 Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602, Pain Chapter, page 722.

**Decision rationale:** This 63 year-old female sustained an injury on 11/30/12 while employed by [REDACTED]. Requests under consideration include Left C4-C5 and C5-C6 Facet Injections. Report dated 8/5/13 signed by [REDACTED] with printed name [REDACTED]. [REDACTED] noted patient with constant neck pain 5/10 while moving and looking upward. Medicine makes her dizzy. Low back pain is 5/10 while moving and ADL. Exam showed cervical spine compression test causing increase pain bilaterally; AROM in ff 45/45, ext 20/45/ rotation 50/60; Decreased sensation in left C5 and C6 to pinwheel. Diagnoses included Neck sprain/strain; other specified disorders of shoulder; and lumbar disc displacement without myelopathy. Treatment included cervical spine facet blocks and lumbar spine support. The patient remained off work for another 6 weeks. Per report review, objective findings of positive compression testing and decreased sensory in Left C5 and C6 dermatomes would be more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). Guidelines note there is only moderate evidence that intra-articular facet injections are beneficial for short-term

improvement and limited for long-term improvement. The Left C4-C5 and C5-C6 Facet Injections are not medically necessary and appropriate.