

<b>Case Number:</b>	CM13-0016371		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/10/1992
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 61-year-old male who reported an injury on 01/10/1992, after a fall from a ladder. The patient reportedly sustained an injury to the low back, neck, arms and legs. Previous treatments have included medications, physical therapy, and anterior interbody fusion from the C4 through the T1. The patient's most recent clinical examination findings indicated that the patient had limited cervical range of motion with bilateral upper quadrant spasming and tenderness, intact sensation in all dermatomes, a negative straight leg raising test bilaterally. The patient's treatment plan included facet injections above the fusion site at the C2-3 and C3-4 levels. Facet injections were recommended as a diagnostic tool to identify the patient's pain generator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet injections under fluoroscopy at C2-C3 and C3-C4 times two (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Injections, diagnostic.

**Decision rationale:** The Official Disability Guidelines recommend facet injections as a diagnostic tool for patients who have documented facet mediated pain that has been non-responsive to conservative therapy. The clinical documentation submitted for review does not provide any documentation to support that the patient has failed to respond to any recent conservative treatments. Additionally, the documentation fails to provide evidence that the patient has facet mediated pain during the physical examination. The guidelines only recommend one (1) diagnostic medial branch block in preparation for a radiofrequency ablation. The clinical documentation does not clearly indicate whether the requested medial branch block is for determining the appropriateness of a radiofrequency ablation for this patient. Also, the request indicates a series of two (2) injections is being requested. As a series of two (2) diagnostic blocks are not supported by guideline recommendations, the request as it is written is not supported. As such, the request is not medically necessary or appropriate.