

<b>Case Number:</b>	CM13-0027994		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, and has a subspecialty in Interventional Spine 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:

This is a 43 year-old female who was injured on 3/7/2008. She has been diagnosed with: status post C4 to C6 anterior fusion; cervical facet arthropathy C2 to C6 mainly on the left side; persistent daily headaches; and persistent thoracic and lumbar spine pain. According to the 7/2/13 report from [REDACTED], the patient presents with left-sided neck pain, left shoulder pain, left-sided headaches and lower back pain. She had some tenderness over the cervical facets, C2-C5 on the left side. [REDACTED] requests a diagnostic facet block at C2/3 and C3/4, left side. On 9/10/13 HDi UR denied the diagnostic procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT CERVICAL DIAGNOSTIC FACET BLOCK AT C2-C3, C3-C4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300-301, 174-175. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines -Treatment for Workers' Compensation (TWC) Neck Chapter, for facet joint injections.

**Decision rationale:** The patient presents with neck pain. She has history of cervical fusion C4-C6, and was reported to have residual radicular symptoms along the C6 and C7 distribution. The physician noted left-sided tenderness over the C2-5 facets on the left side and requests a diagnostic block at the area above the fusion and at a different level than the radicular pattern, in hopes that an RFA procedure may be of benefit. MTUS/ACOEM guidelines state: "There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections." ODG guidelines state "Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The request for the diagnostic facet MBB left-side C2/3 and C3/4 appears to be in accordance with MTUS/ACOEM and ODG guidelines.