

<b>Case Number:</b>	CM13-0032348		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/26/2000
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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.

### 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 44 year-old female sustained an injury on 5/26/00 while employed by [REDACTED]. Request under consideration include facet joint injections bilaterally at C5-6, C6-7, and C7-T1. Report of 8/30/13 from [REDACTED] noted the patient with complaints of right upper back, bilateral forearm, bilateral hand and right wrist numbness, headache pain 8.5/10. Exam showed decreased cervical range of motion with pain on lateral bend and positive myofascial trigger points that are fibrosed bilateral trapezii. Diagnoses include C5-6 cervical fusion with degenerative disc disease and spondylosis above and below fusion level with right upper extremity radicular symptoms; bilateral upper extremity numbness to wrists related to CTS, and spasms. Previous report of 11/2/12 has patient s/p cervical fusion at C7-T1. Request for facet joint injections were non-certified on 9/20/13 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:

**One facet joint injection bilaterally at C5-6, C6-7 and C7-T1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, page 722.

**Decision rationale:** This 44 year-old female sustained an injury on 5/26/00 while employed by [REDACTED]. Request under consideration include a facet joint injection bilaterally at C5-6, C6-7, and C7-T1. Report of 8/30/13 from [REDACTED] noted the patient with complaints of right upper back, bilateral forearm, bilateral hand and right wrist numbness, headache pain 8.5/10. Exam showed decreased cervical range and positive myofascial trigger points. Diagnoses include C5-6 cervical fusion with degenerative disc disease and spondylosis above and below fusion level with right upper extremity radicular symptoms; bilateral upper extremity numbness to wrists related to CTS, and spasms. Previous report of 11/2/12 has patient s/p cervical fusion at C7-T1. Symptoms complaints and diagnoses are indicative of cervical radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. There is no report of acute flare-up, new injuries, or change in clinical presentation with red-flag conditions to support for facet blocks. Submitted reports also have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). MTUS Guidelines clearly do not support facet blocks for acute, sub acute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. The facet joint injection bilaterally at C5-6, C6-7, and C7-T1 is not medically necessary and appropriate.