

<b>Case Number:</b>	CM13-0034425		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

with persistent neck pain that radiates into the arms. Neck pain is greater than arm pain. Current medications include Percocet, Flexeril, and Ambien. The claimant has a history of a cervical fusion at C5/6 and C6/7. On exam there is facet tenderness, pain with extension, no motor or sensory deficits. Previous request for a facet joint injection at C4/5 were approved on 07/05/13 and completed on 09/10/13. The procedure yielded 20-30% relief for a few hours. The provider states that the form was incomplete on return. Repeat right cervical facet joint injections under fluoroscopic guidance at C4 and C5 are denied. No procedure note was included. At issue is the request whether the repeat right cervical facet joint injections at C4 and C5 under fluoroscopic guidance and IV sedation is medically necessary

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat right cervical facet joint injections at C4 and C5 under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery". According to the Official Disability Guidelines, "Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50 percent for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (If the medial branch block is positive)". Based on the medical records provided for review the patient did not achieve a pain relief of at least 50 percent for a duration of at least 6 weeks from the first block. The request for repeat right cervical facet joint injections at C4 and C5 under fluoroscopic guidance is not medically necessary and appropriate

**IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.