

<b>Case Number:</b>	CM13-0034593		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/07/1998
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	10/01/2013
<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 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:

An initial physician review notes that the patient is a 43-year-old woman with diagnosis of bilateral cervical facet joint pain as well as facet joint arthropathy. That review notes as of 12/09/2013, the treating physician reported that cervical range of motion was restricted and the patient had tenderness to palpation and findings of cervical extension more painful than flexion. The reviewer notes that Official Disability Guidelines would support medial branch block, unresolved axial pain with positive facet exam findings and potential anticipated surgical intervention. This reviewer notes that there was no documentation of anticipated surgical intervention if the blocks were positive and notes as well that these subjective complaints were more consistent with left- than right-sided pain. Therefore, the reviewer recommended that this request be noncertified. A treating physician followup note of 10/30/2013 notes that the patient had bilateral neck pain, left worse than right. That physician notes request to appeal and dispute prior denial regarding request for right C4-5, C5-6, and C6-7 facet medial branch blocks. The physician notes that the patient has failed physical therapy, NSAIDS, and conservative treatment, and that the patient has axial neck pain with nonradicular findings consistent with treatment guidelines and that if the medial branch block were positive, then the physician would recommend cervical facet radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient fluoroscopically guided diagnostic right C4-5, C5-6 and C6-7 facet medial branch block injections:** 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) Treatment of Workers' Compensation, Neck

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

**Decision rationale:** The ACOEM Guidelines, Chapter 8 Neck, page 174, states, "Invasive techniques, e.g., injection procedures such as injection procedures such as injection of trigger points or facet joints have no proven benefit in treating acute neck and upper back symptoms." Further guidance in a chronic setting can be found in Official Disability Guidelines/Treatment of Workers' Compensation/Neck, which states regarding facet joint diagnostic blocks, "No more than 2 joint levels are injected in one session...Clinical presentation should be consistent with facet joint pain, signs, and symptoms...Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated." A prior physician review recommended non-certification of treatment in this case with the rationale that the treatment guidelines require a plan for surgical treatment. The guidelines in fact state the reverse, noting that diagnostic facet blocks specifically should not be performed in a patient in whom a surgical procedure is anticipated. The prior physician review indicates that the clinical symptoms appear to be worse on the left side as opposed to the right side where this physician has requested treatment. The records clearly document bilateral symptoms, and thus the question of which side had greater facet loading maneuvers would be up to the discretion of the treating physician. Thus, overall the clinical presentation is that of possible facet mediated pain. That said, the guidelines recommend only 2 levels to be injected at one time, whereas at this time the request is for a 3-level medial branch block which is not supported by the guidelines. Therefore at this time this request is not medically necessary.