

<b>Case Number:</b>	CM13-0038252		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, and extensive periods of time off of work, on total temporary disability. In a December 2, 2013 progress note, the applicant presents with severe neck pain radiating to the arms. She has a positive Spurling maneuver and weakness about the upper extremities with strength scored at 4/5 and paresthesias noted about the thumb and index finger on the right. The applicant is given a diagnosis of cervical radiculopathy radiating to the right upper extremity. The applicant is placed off of work, on total temporary disability. Cervical facet injections and fusion surgery are endorsed and the applicant remains off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical facet injections at C4-5 and C5-6:** 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), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8, facet injections or corticosteroids are "not recommended." In this case, there appears to be some lack of diagnostic clarity. The applicant, based on the most recent progress note in question, appears to carry a diagnosis of herniation of cervical intervertebral disk with radiculopathy as opposed to a diagnosis of facetogenic neck pain for which facet joint blocks could be considered. Therefore, the request is not certified both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.