

<b>Case Number:</b>	CM13-0048635		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 patient is a 46 year old male who reported an injury on 12/15/2008, secondary to a motor vehicle accident. The patient is currently diagnosed with C5-6 and C6-7 disc displacement, bilateral cervical radiculopathy, L4-5 mild adjacent segment degeneration, intermittent right leg radiculopathy, L4-5 facet arthropathy, and left shoulder impingement syndrome. The patient was seen by [REDACTED] on 10/14/2013. The patient reported worsening cervical pain with radicular symptoms into the left trapezius as well as worsening lower back pain extending to the left lower extremity. Physical examination revealed 5/5 motor strength in bilateral upper extremities, spasm in the left paraspinal and trapezius region, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a pain management consultation as well as facet blocks at C5-6 and C6-7, and L4-5 with RFA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet blocks at C5-6 and C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, section on Facet Joint Diagnostic Blocks.

**Decision rationale:** The ACOEM Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient does not demonstrate signs or symptoms of facet-mediated pain. Additionally, facet joint injections are limited to patients whose pain is non-radicular. There is also no indication of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs. Based on the clinical information received, the request is not medically necessary and appropriate.

**Facet blocks at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Facet Joint Diagnostic Blocks.

**Decision rationale:** The ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient does not demonstrate signs or symptoms of facet-mediated pain. Additionally, facet joint injections are limited to patients whose pain is non-radicular. There is also no indication of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs. Based on the clinical information received, the request is not medically necessary and appropriate.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92 and 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient was previously seen by a pain management specialist. The current request for authorization for a pain management consultation is for the requested facet blocks in the cervical and lumbar spine. As the patient's procedure has not been authorized, the current request is also not medically necessary and appropriate.