

<b>Case Number:</b>	CM13-0066286		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 patient is an [REDACTED] employee who has filed a claim for persistent neck pain that radiates to the shoulders associated with an industrial injury of July 18, 2012. Thus far, the patient has been treated with right shoulder steroid injection, right shoulder surgery on January 17, 2013 with post-operative physical therapy, acupuncture to the right shoulder, chiropractic therapy to the right shoulder, cervical epidural steroid injections, and opioid and non-opioid analgesic medications. The injections were noted to provide significant relief of symptoms of arm pain with improvement of neck pain. After the last cervical epidural spinal injection, the medication effect wore off and the patient returned to having neck pain with symptoms radiating to the right arm within 4 weeks. An MRI of the cervical spine obtained in May 01, 2013 showed extensive age-related degenerative disc disease. In a utilization review report of November 21, 2013, the claims administrator denied a request for facet injections of the bilateral C5-C6 and C6-C7 levels under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Facet Injections of the bilateral C5-C6 and C6-C7 levels under fluoroscopic guidance:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks

**Decision rationale:** As noted on page 173-175 of the MTUS Occupational Medicine Practice Guidelines, cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, ODG states that regarding intra-articular blocks, no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. The procedure is limited to patients with non-radicular type of pain. In this case, the patient's condition is of a persistent chronic type of neck pain with associated radiculopathy. Therefore, the request for facet injections of the bilateral C5-C6 and C6-C7 levels under fluoroscopic guidance was not medically necessary per the guideline recommendations of MTUS and ODG.