

<b>Case Number:</b>	CM14-0006346		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 expert 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 56-year-old male who has submitted a claim for Chronic Neck Pain, Pain of Cervical Facet Joint, Myofascial Pain, Chronic Pain Syndrome, and Cervical Degenerative Disc Disease, associated with an industrial injury date of April 10, 2002. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of neck pain with numbness down both arms and mid back, rated 8/10 without medications and 5/10 with medications. On physical examination, no sensorimotor deficits of the bilateral upper extremities were noted. Spurling's sign was negative. There was tenderness over the cervical paraspinals and over the facet joints at C2-3, left more than right, and C5-6. Cervical spine range of motion was reduced on all planes. Cervical MRI dated December 12, 2013 revealed no canal or foraminal narrowing at C4-5 and mild dorsal disc bulge resulting in mild canal narrowing without significant cord compression with mild facet arthropathy and uncovertebral osteophytic spurring resulting in moderate left foraminal narrowing at C5-6. Treatment to date has included medications, physical therapy, home exercise program, TENS unit, cervical facet injections, and C4-5 and C5-6 radiofrequency procedure. Utilization review from January 3, 2014 denied the request for one cervical facet joint injection to bilateral C2-3 and C5-6 because the documentation provided revealed presence of radicular symptoms and there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **ONE CERVICAL FACET JOINT INJECTION TO BILATERAL C2-3 AND C5-6:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** CA MTUS does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for the use of diagnostic blocks for facet nerve pain include: (1) clinical presentation should be consistent with facet joint pain, signs, and symptoms; (2) limited to patients with cervical pain that is non-radicular ; and (3) documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the medical records revealed that the patient complained of neck pain with numbness down both arms as well as imaging findings of moderate foraminal narrowing at left C5-6, which are findings consistent with radiculopathy. In addition, there was no documentation of failure of conservative management. The criteria were not met. Therefore, the request for ONE CERVICAL FACET JOINT INJECTION TO BILATERAL C2-3 AND C5-6 is not medically necessary.