

<b>Case Number:</b>	CM14-0103896		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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:

According to the records made available for review, this is a 30 year-old female with a 12/05/2013 date of injury. There was a request for authorization dated 05/23/2014 to refer the injured worker to pain management for bilateral facet blocks C5-6, C6-7, C7-T1, and T1-T2. There is documentation of subjective (neck pain as well as pain radiating to her arm which has a portion of numbness as well as her lower back with sciatica) and objective (she lacks two fingerbreadths from chin to chest with respect to flexion, extension is tolerated to about neutral) findings, current diagnoses (cervical and cervicothoracic strain manifested by bulging discs and foraminal narrowing), and treatment to date (medication and physical therapy). There is no documentation of pain that is non-radicular, at no more than two levels bilaterally, and no more than two joint levels to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral facet blocks C5-6, C6-7, C7-T1, and T1-T2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks and Low Back Chapter, Facet joint injections, thoracic.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. In addition, ODG identifies that thoracic facet joint injections are not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical and cervicothoracic strain manifested by bulging discs and foraminal narrowing. In addition, there is documentation of cervical pain and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of subjective findings (neck pain as well as pain radiating to her arm which has a portion of numbness), there is no documentation of pain that is non-radicular. In addition, given documentation of a request for refer to pain management for bilateral facet blocks C5-6, C6-7, C7-T1, T1-T2, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for refer to pain management for bilateral facet blocks C5-6, C6-7, C7-T1, T1-T2 is not medically necessary.