

<b>Case Number:</b>	CM14-0104094		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/12/2014
<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 Family 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 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:

This is a 51 year old female with an 8/5/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/3/14 noted subjective complaints of bilateral arm, leg, neck, lower back pain. The objective findings included tenderness over cervical facets C3-6 bilaterally and lumbar facets bilaterally L4-5 and L5-S1. The diagnostic impression included cervical spinal stenosis, cervical radiculopathy, lumbosacral neuritis or radiculitis. The treatment to date includes medication management, aqua therapy. A UR decision dated 6/12/14 denied the request for cervical and lumbar facet block injections bilateral C3-4, C4-5, C5-6, L4-5, L5-S1. Based on the provided documentation there was no clear detail provided as to why both cervical and lumbar facet block injections are being requested at the same time and how they would be helpful in the overall treatment plan. There was also no clear detail provided as to whether the blocks are medial branch or intra-articular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical and lumbar facet block injections bilateral, C3-4, C4-5, C5-6, L4-5, L5-S1 QTY: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-175, 181; 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter; low back chapter

**Decision rationale:** The California MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. MTUS does not recommend intra-articular injections for acute, sub-acute, and chronic regional neck pain. 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. There are also no comparative studies between intra-articular blocks and rhizotomy. With regards to lumbar facet injections, the California MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, with respect to the cervical injections, there is no good evidence to support the benefit of facet injections in this region. With regards to the lumbar injections, there is no clear documentation of failure of conservative treatment such as physical therapy for at least 4-6 weeks. Since neither the cervical nor the lumbar injections are certifiable, the requested treatment modality is non-certifiable. Lastly, it is unclear whether medial branch blocks or intraarticular facet injections are requested. Therefore, the request for cervical and lumbar facet block injections bilateral C3-4, C4-5, C5-6, L4-5, L5-S1 was not medically necessary.