

<b>Case Number:</b>	CM14-0108131		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Pain Medicine and Rehabilitation 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 injured worker is a 60 year-old female who reported an injury on 01/13/2013. The mechanism of injury was not stated. Current diagnoses include left lower cervical facet joint pain, cervical facet joint arthropathy, cervical disc protrusion, left upper facet joint arthropathy, cervical stenosis, cervical degenerative disc disease, cervical radiculopathy, cervical sprain, left shoulder internal derangement, left shoulder pain, and left shoulder sprain. The injured worker was evaluated on 07/23/2014. Previous conservative treatment includes physical therapy, medication, TENS therapy, and activity modification. The current medication regimen includes Tramadol, Naproxen, Flexeril, Protonix, and Mirtazapine. Physical examination revealed tenderness to palpation of the cervical paraspinal muscles, restricted left shoulder range of motion, positive Neer and Hawkin's testing in the left shoulder, restricted cervical range of motion, weakness in the left upper extremity, and 1+ reflexes in the bilateral upper extremities. Treatment recommendations at that time included an appeal request for fluoroscopically guided diagnostic left C6-7 and left C7-T1 facet joint medial branch blocks. A Request for Authorization form was then submitted on 07/25/2014 for diagnostic Left C6-7 and C7-T1 Facet Joint Medial Branch Blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flourosopically Guided Diagnostic Left C6-C7 Facet Joint Medical Branch Block:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure of conservative treatment including home exercise, physical therapy and NSAIDs. As per the documentation submitted, the injured worker has been previously treated with physical therapy, medications, and TENS therapy. Physical examination does reveal tenderness to palpation over the cervical paraspinal muscles overlying the left C6 through T1 facet joints. The injured worker has not been previously treated with facet joint injections. Based on the positive physical examination findings and exhaustion of conservative treatment, the injured worker does currently meet criteria as outlined by the Official Disability Guidelines for the requested service. As such, the request is medically necessary.

**Fluoroscopically Guided Diagnostic Left C7-T1 Facet Joint Medical Branch Block:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure of conservative treatment including home exercise, physical therapy and NSAIDs. As per the documentation submitted, the injured worker has been previously treated with physical therapy, medications, and TENS therapy. Physical examination does reveal tenderness to palpation over the cervical paraspinal muscles overlying the left C6 through T1 facet joints. The injured worker has not been previously treated with facet joint injections. Based on the positive physical examination findings and exhaustion of conservative treatment, the injured worker does currently meet criteria as outlined by the Official Disability Guidelines for the requested service. As such, the request is medically necessary.

**Moderate Sedation Services:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The Official Disability Guidelines state the use of sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. There is no documentation of extreme anxiety in this case. Therefore, the current request for moderate sedation services cannot be determined as medically appropriate. Therefore, the request is not medically necessary.