

<b>Case Number:</b>	CM14-0011044		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Neurosurgery 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 52 year old female injured on 10/19/2009. The mechanism of injury is not described, but the injured worker presents with complaints of neck pain. According to progress notes dated 12/04/2013, the injured worker states that she has continued pain in the neck; Biofreeze helps; numbness in hands reducing; history of carpal tunnel release. Examination of the cervical spine revealed spasm, pain and decreased range of motion; facet tenderness; tenderness to palpation over the cervicotracheal ridge; pain with flexion and extension. She is taking Vicodin ES, and continues regular work with ergonomic work station. Cervical facet block C5-6 and C6-7 was noted to have helped previously for 6 months. A request for right C5-6, C6-7 facet block and left C5-6, C6-7 facet block was non-certified as medically necessary per utilization review determination dated 01/10/2014, noting that there is no pain localized to the proposed levels with positive facet loading on exam. It was further noted that only one set of facet injections is recommended and only when there is a plan for rehabilitation which was not documented. Repeat blocks are not supported by evidence-based guidelines, and this injured worker apparently has had three previous injections, and the injections provided no change in the need for opiate use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT C5-6 CERVICAL FACET BLOCK QTY: 1.00: 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 and Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The Official Disability Guidelines state therapeutic facet joint injections are not recommended, and only one diagnostic facet/medial branch block should be performed and, if successful, there should be consideration of performing radiofrequency neurotomy. Also, there should be a formal plan of rehabilitation in addition to facet joint injection therapy. Noting that there was no objective evidence of significant functional improvement with previous injections such as reduction in need for opiates, and noting that there was no detailed physical examination documenting pain localized to the proposed levels with positive facet loading, the request for right C5-6 cervical facet block x 1 is not supported as medically necessary.

**LEFT C5-6 CERVICAL FACET BLOCK QTY: 1.00:** 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 and Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The Official Disability Guideline state therapeutic facet joint injections are not recommended, and only one diagnostic facet/medial branch block should be performed and, if successful, there should be consideration of performing radiofrequency neurotomy. Also, there should be a formal plan of rehabilitation in addition to facet joint injection therapy. Noting that there was no objective evidence of significant functional improvement with previous injections such as reduction in need for opiates, and noting that there was no detailed physical examination documenting pain localized to the proposed levels with positive facet loading, the request for left C5-6 cervical facet block x 1 is not supported as medically necessary.

**RIGHT C6-7 CERVICAL FACET BLOCK QTY: 1.00:** 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 and Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The Official Disability Guideline state therapeutic facet joint injections are not recommended, and only one diagnostic facet/medial branch block should be performed and, if successful, there should be consideration of performing radiofrequency neurotomy. Also, there

should be a formal plan of rehabilitation in addition to facet joint injection therapy. Noting that there was no objective evidence of significant functional improvement with previous injections such as reduction in need for opiates, and noting that there was no detailed physical examination documenting pain localized to the proposed levels with positive facet loading, the request for right C6-7 cervical facet block x 1 is not supported as medically necessary.

**LEFT C6-7 CERVICAL FACET BLOCK QTY: 1.00:** 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 and Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** The Official Disability Guideline state therapeutic facet joint injections are not recommended, and only one diagnostic facet/medial branch block should be performed and, if successful, there should be consideration of performing radiofrequency neurotomy. Also, there should be a formal plan of rehabilitation in addition to facet joint injection therapy. Noting that there was no objective evidence of significant functional improvement with previous injections such as reduction in need for opiates, and noting that there was no detailed physical examination documenting pain localized to the proposed levels with positive facet loading, the request for left C5-6 cervical facet block x 1 is not supported as medically necessary.