

<b>Case Number:</b>	CM14-0015497		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Tennessee. 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 36-year-old female who has submitted a claim for cervical and lumbar degenerative disc disease and cervicogenic headache associated with an industrial injury date of December 1, 2010. The medical records from 2013 to 2014 were reviewed. The patient complained of cervical spine pain. Physical examination of the cervical spine showed tenderness and restricted ROM. The treatment to date has included NSAIDs, anticonvulsants, muscle relaxants, home exercise programs, physical therapy, and unspecified epidural steroid injections. Utilization review from January 10, 2014 denied the request for bilateral C2-C3 facet injection because there were no findings of facet disease, MRI was normal, and symptoms are well controlled with Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL C2-C3 FACET INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** According to pages 173-175 of the CA MTUS ACOEM Guidelines, cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. In this case, the patient complained of cervical spine pain. However, symptoms were noted to be controlled by oral pain medications. In addition, physical examination failed to document evidence of facet disease. MRI of the cervical spine from August 25, 2012 showed mild scoliosis associated with straightening of the cervical spine; no evidence of facet pathology was noted. Lastly, there is no discussion concerning rationale for this procedure. Therefore, the request for bilateral C2-C3 facet injection is not medically necessary.