

<b>Case Number:</b>	CM14-0112003		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Occupational 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:

The injured worker is a 46 year old male with a date of injury of January 05, 2010. The mechanism of injury is described as a fall causing the injured worker to land on the right side of his face, sustaining a thoracic outlet injury with clavicle attachment torn loose from the sternum. The primary diagnosis at this time is sprain of the neck (847.0). According to a supplemental progress report dated December 04, 2013, treatment has included right occipital and right C4 paraspinal injections for headaches and epidural steroid injections, none of which provided prolonged therapeutic benefit. The most recent clinical note was an evaluation dated June 16, 2014 documenting complaints of chronic right sided neck pain radiating to the shoulder and up the occipital aspect of the head. A prior utilization review determination dated July 11, 2014 resulted in denial of two right cervical medial branch block/facet joint injections with fluoroscopic guidance at the C3-C6 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Cervical Medial Branch Block/Facet Joint injections C3-C6 with Fluoroscopy Right Side Only (2 appointments for 2 rounds of injections).: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Facet Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175 and 301.

**Decision rationale:** There is no quality evidence that facet joint injections are effective in reducing neck pain, according to the ACOEM Guidelines, 2nd Edition (2004), p. 174-5, also incorporated into the MTUS: "Invasive techniques (e.g., needle acupuncture and injection procedures such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." Medial branch blocks are only discussed as diagnostic procedures to precede radiofrequency neurotomies, which are not requested here.