

<b>Case Number:</b>	CM14-0115227		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio 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 50-year-old male who reported an injury on 07/05/2012. The mechanism of injury was not provided. On 07/21/2014, the injured worker presented with neck pain. Prior therapy included surgery, injections, and medication. Upon examination, there was tenderness upon palpation of the cervical region bilaterally and bilaterally over the cervical spine musculature. It was noted over the bilateral trapezius muscles, with no nodules appreciated. There was intact sensation over the bilateral upper extremities and intact sensation to light touch and pinprick throughout the bilateral upper extremities. There was a cervical disc injury C4-6, status post surgical intervention from 04/2013, with recurrent symptomatology. The provider recommended a cervical facet injection from C4-5, to determine if the injured worker was making significant progress and any potential surgical intervention may be determined after the cervical spine injection. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Facet Injections C4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Criteria for the use of diagnostic blocks for facet nerve pain.

**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 and Upper Back, Facet Diagnostic Block.

**Decision rationale:** The request for a cervical facet injection C4-5 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use of a diagnostic block for the facet nerve pain include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours, and is limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment, including medication, home exercise, physical therapy, and NSAIDs, and a diagnostic block should not be performed in injured workers who have had a previous fusion procedure at the planned injection levels. There was a lack of deficits presented in the physical examination related to the cervical spine to warrant the need for a cervical facet injection. The documentation notated tenderness to palpation over the cervical spine; however, there was no specific tenderness over the C4-5 levels. Additionally, motor strength, sensation, and reflexes were intact, symmetrical, and within normal limits. Additionally, the provider's request does not state which site the facet injection was intended for in the request as submitted. As such, the request is not medically necessary.