

<b>Case Number:</b>	CM14-0141186		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 patient is a 57 year old male who was injured on 02/20/2009. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the cervical spine dated 05/16/2014 revealed postsurgical changes in the cervical spine with C3 through C6 laminectomy and posterior hardware. There is bony fusion of C6-C7 vertebral bodies; segmental kyphosis extending from C3 through c6 level. At C2-C3, there is small 2 mm posterior osteophyte disc complex and degenerative changes seen in the facet joint. There is spinal stenosis with thecal sac measuring 5.5 mm AP. Progress report dated 08/26/2014 states the patient presented with persistent neck, lower back, and right shoulder and rated his pain as 8/10. He reported the pain radiated to the left upper extremity. The patient had been taking tramadol which helped bring his pain down from 8/10 to 6/10. On exam, the cervical spine revealed decreased range of motion and tenderness to palpation of the paraspinals and trapezius muscles. Cervical compression test was positive. The patient is diagnosed with acute lumbosacral strain, and right shoulder strain. The patient is recommended for a facet block of C2-C3. Prior utilization review dated 08/15/2014 by [REDACTED] states the request for Facet Block C2-3; Hardware block C3-6 (to be performed on a different day from the Facet Block at C2-3) is modified for initial consultation only. Progress note 7/28/14 showed plan to request authorization for pain management consultation and facet block at C2-3, a on a different day a hardware block at C3-6, and consider facet block at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Block C2-3: 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). Cervical Medial Branch Block guidelines, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms

**Decision rationale:** As per ODG, "Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). Progress report dated 08/26/2014 states the patient presented with neck pain radiated to the left upper extremity. This appears to be cervical radicular pain which is not supported by the guidelines. The medical necessity is not established for this request. Therefore, the request is not medically necessary.

**Hardware block C3-6 (to be performed on a different day from the Facet Block at C2-3): 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) Hardware injection (block) Other Medical Treatment Guideline or Medical Evidence:  
<http://www.ashokparmar.md.com/pdfs/cervical%20selective%20nerve%20root%20block.pdf>

**Decision rationale:** Guidelines state that Hardware injection (block) is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/ anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. Since the medical record do no indicate that the surgeon is considering hardware removal, the medical necessity if not established for this request. Therefore, the request is not medically necessary.