

<b>Case Number:</b>	CM14-0169937		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 06/12/2008. The mechanism of injury was not provided. The injured worker's diagnoses included adhesive capsulitis of the shoulder. The injured worker's past treatments included rest, medication, physical therapy, epidural steroid injections, and surgery. The injured worker's diagnostic testing included an official MRI of the cervical spine on 12/04/2012, which indicated status post interbody fusion at C5-6 and C6-7. The C4-5 and C3-4 levels indicated herniation, right sided spurring, and disc bulging, with moderate right sided foraminal encroachment. The injured worker's surgical history included capsular release on 09/08/2014, RCR, subscapularis tendon repair, and biceps tenodesis on 01/06/2014. In the clinical note dated 10/21/2014, the patient complained of right shoulder pain. The injured worker had range of motion to the right shoulder with flexion at 60 degrees. The injured worker's medications included pain medications (name, dosage, frequency not provided). The request was for 1 C7 to T1 facet injection for therapeutic and diagnostic purposes. The rationale for the request was for diagnostic and therapeutic purposes. The Request for Authorization form was submitted on 05/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 C7-T1 facet injection for therapeutic and diagnostic purposes: 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), Neck and Upper Back (Acute & Chronic), Facet joint pain, signs & symptoms

**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 Diagnostic Blocks

**Decision rationale:** The request for 1 C7-T1 facet injection for therapeutic and diagnostic purposes is not medically necessary. The injured worker is diagnosed with adhesive capsulitis of the shoulder. The Official Disability Guidelines recommend prior to facet neurotomy a facet joint diagnostic block. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet nerve pain: diagnostic medial branch blocks are required with a response of greater than 70%; limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks; no more than 2 joints levels injected in 1 session; diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. On imaging, the C7 to T1 level was noted to have a small central contained herniation. There is documentation of failure of conservative treatment. The request is for 1 joint level. However, the patient complains of right shoulder pain, which indicates the pain is radicular, and the guidelines recommend the requested treatment for nonradicular pain. As such, the request for 1 C7-T1 facet injection for therapeutic and diagnostic purposes is not medically necessary.