

<b>Case Number:</b>	CM14-0170770		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/29/2014
<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 and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old female with an injury date of 06/06/12. Based on the 08/04/14 progress report provided by [REDACTED] the patient complains of pain in both her hands that radiates to the elbow. She has numbness and tingling in both wrists. The patient has neck pain as well as bilateral upper limb pain. She has pain with "Finkelstein's testing on the left and pain with palpation of the left and right medial epicondyle. Her range of motion decreased to 50% in the cervical spine on flexion, extension and right and left lateral rotation secondary to pain. There was weakness on both hands in hand intrinsics and the flexion and extension of wrist is 4/5. The patient had more than 24 sessions of physical therapy, and "tried multiple opioid and non-opioid medication management, but none of these helped her." MRI on cervical spine on 06/27/14 shows "C4-5 bulge, greater on the right side causing mild central and moderate left and right neuroforaminal stenosis. At C5-6 and C6-7, there were disc bulge and mild central and bilateral neuroforaminal stenosis." The patient's diagnoses include the following: 1. Bilateral medial and lateral epicondylitis, 2. Chronic pain syndrome, 3. Cervicalgia, 4. Left chronic carpal tunnel syndrome. [REDACTED] is requesting for right C5-C6 facet block, left C5-C6 facet block, right C6-C7 facet block, and left C6-C7 facet block. The utilization review determination being challenged is dated 09/29/14. [REDACTED] is the requesting provider, and she provided treatment reports from 07/30/13-08/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C5-C6 Facet Block, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Facet joint diagnostic blocks

**Decision rationale:** The patient presents with bilateral medial and lateral epicondylitis, chronic pain syndrome, cervicalgia, and left chronic carpal tunnel syndrome. The request is for facet block on right C5-6. The treater does not specify whether or not this is for therapeutic or diagnostic. There is no indication that the patient has previously received any facet block on provided progress reports. ODG guidelines do not recommend "therapeutic" facet joint injections. ODG guidelines do support "diagnostic" facet evaluations via dorsal medial branch blocks as long as the following criteria are met: "Clinical presentation should be consistent with facet joint pain, signs and symptoms. 1. One set of diagnostic medial branch blocks is required with a response of greater or equal to 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." Based on 08/04/14 progress report, the patient does not have radicular symptoms and the request for facet joint diagnostic evaluation would be consistent with ODG. Although the treater does not specify, ODG recommend DMB blocks over joint injections. Given that this patient has failed conservative care, absent radicular symptoms, and the request being 2 or less levels on each side, recommendation is for authorization.

**Left C5-C6 Facet Block, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Facet joint diagnostic blocks

**Decision rationale:** The patient presents with bilateral medial and lateral epicondylitis, chronic pain syndrome, cervicalgia, and left chronic carpal tunnel syndrome. The request is for facet block on left C5-6. The treater does not specify whether or not this is for therapeutic or diagnostic. There is no indication that the patient has previously received any facet block on provided progress reports. ODG guidelines do not recommend "therapeutic" facet joint injections. ODG guidelines do support "diagnostic" facet evaluations via dorsal medial branch blocks as long as the following criteria are met: "Clinical presentation should be consistent with

facet joint pain, signs and symptoms. 1. One set of diagnostic medial branch blocks is required with a response of greater or equal to 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." Based on 08/04/14 progress report, the patient does not have radicular symptoms and the request for facet joint diagnostic evaluation would be consistent with ODG. Although the treater does not specify, ODG recommend DMB blocks over joint injections. Given that this patient has failed conservative care, absent radicular symptoms, and the request being 2 or less levels on each side, recommendation is for authorization.

**Right C6-C7 Facet Block, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Facet joint diagnostic blocks

**Decision rationale:** The patient presents with bilateral medial and lateral epicondylitis, chronic pain syndrome, cervicalgia, and left chronic carpal tunnel syndrome. The request is for facet block on right C6-C7. The treater does not specify whether or not this is for therapeutic or diagnostic. There is no indication that the patient has previously received any facet block on provided progress reports. ODG guidelines do not recommend "therapeutic" facet joint injections. ODG guidelines do support "diagnostic" facet evaluations via dorsal medial branch blocks as long as the following criteria are met: "Clinical presentation should be consistent with facet joint pain, signs and symptoms. 1. One set of diagnostic medial branch blocks is required with a response of greater or equal to 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." Based on 08/04/14 progress report, the patient does not have radicular symptoms and the request for facet joint diagnostic evaluation would be consistent with ODG. Although the treater does not specify, ODG recommend DMB blocks over joint injections. Given that this patient has failed conservative care, absent radicular symptoms, and the request being 2 or less levels on each side, recommendation is for authorization.

**Left C6-C7 Facet Block, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Facet joint diagnostic blocks

**Decision rationale:** The patient presents with bilateral medial and lateral epicondylitis, chronic pain syndrome, cervicalgia, and left chronic carpal tunnel syndrome. The request is for facet block on left C6-C7. The treater does not specify whether or not this is for therapeutic or diagnostic. There is no indication that the patient has previously received any facet block on provided progress reports. ODG guidelines do not recommend "therapeutic" facet joint injections. ODG guidelines do support "diagnostic" facet evaluations via dorsal medial branch blocks as long as the following criteria are met: "Clinical presentation should be consistent with facet joint pain, signs and symptoms. 1. One set of diagnostic medial branch blocks is required with a response of greater or equal to 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." Based on 08/04/14 progress report, the patient does not have radicular symptoms and the request for facet joint diagnostic evaluation would be consistent with ODG. Although the treater does not specify, ODG recommend DMB blocks over joint injections. Given that this patient has failed conservative care, absent radicular symptoms, and the request being 2 or less levels on each side, recommendation is for authorization.