

<b>Case Number:</b>	CM14-0175182		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, 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 51-year-old female with a date of injury of 09/02/2013. The listed diagnoses per the treater are: 1. Posttraumatic left cervical facet syndrome. 2. Adjustment disorder, mixed depression and anxiety. 3. Chronic pain syndrome with insomnia, gastroesophageal reflux disease (GERD), and irritable bowel symptoms. 4. Hypertriglyceridemia. 5. Major depressive disorder. According to progress report 07/09/2014, patient presents with left cervical axial pain. Physical examination revealed, "Depressed and tearful. Left neck is tender to palpation with restrictive range of motion and extension." Electromyography (EMG)/Nerve conduction study (NCS) report from 04/03/2014 was within normal limits. The treater is requesting authorization for left cervical facet diagnostic injection to level C2-C3. Utilization review denied the request on 09/26/2014. Treatment reports from 01/30/2014 through 07/09/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Cervical Facet Injection C2-C3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), 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) Neck and Upper Back (Acute & Chronic) chapter, under facet joint diagnostic blocks

**Decision rationale:** This patient presents with left cervical axial pain. The treater is requesting a left cervical facet diagnostic injection to C2-C3. Utilization review denied the request stating that, "The provider has requested a series of facet blocks for this patient but has failed to adequately document sufficient information to determine their medical necessity." Review of the medical file indicates, on 03/06/2014, the treater requested a C2-C3, C3-C4, and C4-C5 medial branch nerve block. Report 05/16/2014 states that the treater is requesting a left cervical facet injection with no response from carrier. On 07/09/2014, the treater made another request for a left cervical facet injection. AME report indicates that the patient's treatment history includes physical therapy, home cervical traction unit, and medications. There is no indication that the patient had prior cervical facet injections. ACOEM guidelines does not support facet joint injections but ODG guidelines provide a more thorough discussion under Neck and Upper Back (Acute & Chronic) chapter, under facet joint diagnostic blocks, which allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluation of the facet joints are recommended when radicular symptoms are not present. In this case, the patient meets the criteria for a diagnostic facet injection as he does not have radicular symptoms, and there is no indication of a prior diagnostic injection. The request is medically necessary.