

<b>Case Number:</b>	CM14-0175425		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/07/1999
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<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 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:

This 63 year-old patient sustained an injury on 6/7/1999 while employed by [REDACTED]. Request(s) under consideration include Facet blocks at the C5-6 and C6-7 levels. Diagnoses include chronic cervicalgia/ DDD; left shoulder impingement s/p multiple arthroscopic surgeries with glenoid labral debridement and subacromial bursectomy on 5/3/11; and pain-related insomnia. Conservative care has included medications, physical therapy, and modified activities/rest. The patient continued to treat for chronic symptoms of neck pain with radiation into the left upper extremity. Previous MRI of cervical spine showed significant bilateral foraminal stenosis at C5-6 and C6-7. Report of 10/3/14 from the provider noted the patient with worsening pain rated at 7-8/10 without medications down to 3-4/10 with medications. Pain was described as chronic neck pain with occasional radicular symptoms to left upper extremity and left shoulder pain. Medications lists Zanaflex and Norco. Exam showed limited cervical range of motion with slightly reduced flex and rotation; limited left shoulder muscle testing due to pain and guarding; no tenderness noted at cervical spine; negative Spurling's; neurological with decreased sensation at C5 dermatome and DTRs 2+. The patient was considered P&S on Social Security disability. The request(s) for Facet blocks at the C5-6 and C6-7 levels was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown facet blocks at the C5-6 and C6-7 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

**Decision rationale:** This 63 year-old patient sustained an injury on 6/7/1999 while employed by [REDACTED]. Request(s) under consideration include. Diagnoses include chronic cervicgia/ DDD; left shoulder impingement s/p multiple arthroscopic surgeries with glenoid labral debridement and subacromial bursectomy on 5/3/11; and pain-related insomnia. Conservative care has included medications, physical therapy, and modified activities/rest. The patient continued to treat for chronic symptoms of neck pain with radiation into the left upper extremity. Previous MRI of cervical spine showed significant bilateral foraminal stenosis at C5-6 and C6-7. Report of 10/3/14 from the provider noted the patient with worsening pain rated at 7-8/10 without medications down to 3-4/10 with medications. Pain was described as chronic neck pain with occasional radicular symptoms to left upper extremity and left shoulder pain. Medications lists Zanaflex and Norco. Exam showed limited cervical range of motion with slightly reduced flex and rotation; limited left shoulder muscle testing due to pain and guarding; no tenderness noted at cervical spine; negative Spurling's; neurological with decreased sensation at C5 dermatome and DTRs 2+. The patient was considered P&S on Social Security disability. The request(s) for was non-certified on 10/14/14. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The patient exhibits chronic symptoms of radiculopathy with clinical findings of decreased sensory at C5 dermatome with MRI findings of foraminal stenosis. Submitted reports have no indication for failed conservative trial for diagnoses of cervicgia/DDD. Criteria per Guidelines have not been met. The Facet blocks at the C5-6 and C6-7 levels are not medically necessary and appropriate.