

<b>Case Number:</b>	CM14-0040825		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Nevada. 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 records presented for review indicate that this 52-year-old male was reportedly injured on October 10, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of low back pain. The injured employee states that he is currently working and doing a lot of walking as well as working for the fire department as an EMT. The physical examination demonstrated decreased range of motion of the lumbar spine with spasms and tenderness over the L4-L5 and L5-S1 facet joints. There was a negative straight leg raise test bilaterally and a normal lower extremity neurological examination. The examination of the cervical spine also noted tenderness and muscle spasms. There was a positive right-sided Spurling's test and a negative upper extremity neurological examination. Diagnostic imaging studies reported mild bilateral C5-C6 neural foraminal stenosis and moderate stenosis at C6-C7. Previous treatment includes a bilateral carpal tunnel release, and cervical spine epidural steroid injections. A request was made for diagnostic/therapeutic bilateral cervical facet joint steroid injections at C4-C5, C5-C6, and C6-C7 and was not certified in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic/therapeutic bilateral cervical facet joint steroid injections C4-C5, C5-C6, C6-C7 under fluoroscopic guidance and conscious sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Back Chapter.

**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 Injections, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines the procedure for a facet joint intra-articular injection is under study with current evidence stating that no more than one therapeutic intra-articular block is suggested. It also suggests that no more than two joint levels should be blocked at any given time. This request is for bilateral injections at three separate levels. Considering this, the request for diagnostic/therapeutic bilateral cervical facet joint steroid injections at C4-C5, C5-C6 and C6-C7 with fluoroscopic guidance under conscious sedation is not medically necessary.