MAXIMUS Federal Services

| Case Number: | CM14-0043950 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 11/12/2013 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

## 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 Illionis. 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 male who reported an injury on 11/11/2013. The mechanism of injury was not provided. On 03/17/2014, the injured worker presented with complaints of neck pain radiating to the bilateral shoulders and left arm. Prior treatments included a heat wrap, Motrin, and tramadol and a chiropractor. Upon examination of the cervical spine, there was a rounded shoulder posture and mild cervical kyphosis. Range of motion was decreased and ellicited pain. There were trigger points noted with focal muscle spasm in the right upper trapezius. There was normal tone and strength and normal sensation to the bilateral upper extremities. Diagnostic testing revealed no evidence of central stenosis, facet arthropathy at C3-4 through C5-6, and broad-based disc bulges at C3-4 and C5-6. Diagnoses were degeneration of the cervical disc, cervical spondylosis without myelopathy, and cervical facet syndrome. The provider recommended a cervical facet injection bilaterally from C3-4 and C4-5 and if it was successful then radiofrequency ablation would be recommended. The Request for Authorization form was dated 03/27/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injection bilateral C3-4/C4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Injections.

**Decision rationale:** The request for cervical facet injection bilateral C3-4 and C4-5 is not medically necessary. The California MTUS Guidelines state invasive techniques have limited proven value. Additionally, the Official Disability Guidelines state facet joint injections are recommended prior to a facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The use of a diagnostic block include that 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% for atleast 2 hours. Limited to injured workers with cervical pain that is non radicular and at no more than 2 levels bilaterally. There would be documentation of failure to respond to conservative treatment, including exercise and medications. The documentation note that the injured worker had neck pain that radiated to the occipital shoulders and left arm. There was an absence of a Spurling's test in the clinical notes provided. As radiculopathy is an exclusionary criteria for cervical facet injection and there is complaints of radiating pain, a cervical facet injection would not be warranted. Additionally, there is no evidence of failure to respond to conservative treatment including medication and physical medicine included in the medical documents to review. As such, the request is not medically necessary.