

<b>Case Number:</b>	CM14-0077496		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Pain Management, 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 40-year-old female with date of injury of 04/06/2009. The listed diagnosis per [REDACTED] is degenerative disk disease, cervical spine. According to progress report 04/28/2014, the patient presents with persistent pain in the base of the neck bilaterally that travels to the fingertips. Pain is increased with activities, decreased with medication. The patient had a right C2-C3 selective nerve root block on 04/09/2014 with "marked improvement in his headache." Treater states MRI from 09/04/2013 showed 2-3-mm protrusion at C5-C6 and C6 C7. CT scan was consistent with C2-C3 stenosis. Examination revealed "somewhat decreased sensory, right radial aspect of the hand." There was active trigger point noted bilaterally in the upper trapezius muscles. The treater is requesting a right C5-C6 and C6-C7 facet joint injection under fluoroscopic imaging. Utilization review denied the request on 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right facet injections at C5-C6 and C6-C7 with monitored sedation as an outpatient:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment in Workers Compensation/Neck.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Facet joint.

**Decision rationale:** This patient presents with neck pain that travels to the fingertips. Pain is throbbing, shooting, and increased with activities. The treating physician recommends a right facet injection at levels C5 C6 and C6-C7 with monitored sedation as an outpatient. Utilization review denied the request stating, "Clinical history does not support a diagnosis of facet-mediated pain." ACOEM Guidelines do discuss facet joint syndrome but does not support facet joint injections. ODG allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluations of facet joints are recommended when radicular symptoms are not present. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of its procedure and approval of treatment should be made on a case-by-case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no radicular symptoms, and normal sensory examination are required. The request is not medically necessary and appropriate.