

<b>Case Number:</b>	CM14-0078958		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Occupational Medicine 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 case is a 54-year-old female with a date of injury on 1/5/2010. Reviews of the medical records indicate the patient is undergoing treatment for cervical neck pain, degenerative disc disease, and occipital pain. Subjective complaints (4/23/2014) include "pain neck, right shoulder and left shoulder", 5/10 on pain scale, pain/paresthesia to upper extremities and neck pain radiating to the upper back. Objective findings (4/23/2014) include 50 degree cervical flexion, 45 degree cervical extension, 25 degree lateral bending bilaterally, 70 degree rotation bilaterally, negative spurlings (normal), tenderness to palpation of mid-cervical paraspinal muscles, 5/5 bilateral upper extremity strength, normal tone/bulk upper extremities, normal sensation, and deep tendon reflex 2/4 (normal) bilateral upper extremities. MRI from 2013 indicates central disc protrusion to C5-6, C4-5 spondylosis, and C5-6 facet arthritis. Treatment has included C5-6 discectomy (9/2013), post-operative physical therapy, modified duties, home exercise, norco, soma, and ibuprofen. A utilization review dated 5/9/2014 non-certified a request for Pain Management Consult for Bilateral C4-5, C5-6 Facet Injections due to lack of non-radicular cervical pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult for Bilateral C4-5, C5-6 Facet Injections:** Upheld

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

**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 diagnostic blocks and office visit.

**Decision rationale:** ODG recommends "Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session (see above for medial branch block levels). Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. Opioids should not be given as a "sedative" during the procedure. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment". The medical documents do indicate cervical neck pain and the requested procedure do not exceed two levels bilaterally. However, the guidelines state that facet injections are limited to patients with non-radicular cervical neck pain. Medical documents clearly indicate radicular pain to upper back. The medical documents provided do not meet guidelines for this procedure. As such, the request for Pain Management Consult for Bilateral C4-5, C5-6 Facet Injections is not medically necessary per guidelines.