

<b>Case Number:</b>	CM14-0082263		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The patient is a 54-year-old male who has submitted a claim for cervicgia, cervical radiculopathy, numbness, thoracic spine pain, parascapular pain, cervical HNP, and s/p cervical spine surgery associated with an industrial injury date of 11/17/2011. Medical records from 06/03/2013 to 07/21/2014 were reviewed and showed that patient complained of pulsating neck pain graded 5-6/10 with numbness and tingling sensation in the upper extremities. Physical examination revealed tenderness over the cervical and thoracic paraspinal muscles. MRI of the cervical spine dated 04/09/2014 revealed C4-5 and C5-6 discectomies with solid anterior fusion in normal alignment, bilateral C5-6 foraminal narrowing, and C3-4 mild disc degeneration. Treatment to date has included C4-5 and C6-7 ACDF (date not made available), cervical collar, physical therapy, and pain medications. Utilization review dated 05/18/2014 denied the request for bilateral C4-5, C5-6, and C6-7 facet joint injection under fluoroscopy because facet blocks should not be performed in patients who had previous fusion procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-5, C5-6, C6-7 facet joint injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Neck and Upper Back Procedure Summary last updated 04/14/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that criteria for the use of diagnostic blocks for facet nerve pain include: (1) limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; (2) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, patient had previous C4-5 and C6-7 ACDF (date not made available) which is a contraindication for facet blocks. There was no documentation of failure with physical therapy in order to support facet injections. Moreover, the requested facet blocks of bilateral C4-5, C5-6, and C6-7 is not in conjunction with guidelines recommendation. The guidelines state that facet blocks should no more than two levels bilaterally. Therefore, the request for Bilateral C4-5, C5-6, and C6-7 facet joint injection under fluoroscopy is not medically necessary.