

<b>Case Number:</b>	CM14-0083917		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/16/1977
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Orthopedic Surgery 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:

68 year old male claimant with an industrial injury dated 05/16/77. Exam note 05/13/14 states the patient is status post T4 to the llium major reconstructive procedure for a spinal deformity. Patient returns after being cleared from his cardiologist. Previously the patient had blood pressure issues and was significantly dizzy. The patient reports that the back surgery went well and now his chief complaint is in his neck. Exam note 2/11/14 demonstrates complaint of neck and upper back pain. Report of degenerative changes above and below prior fusion from C4-C7. MRI cervical spine 12/9/13 demonstrates C4-C7 fusion with multiple central and paracentral osteophytes causing mild to moderate central canal stenosis from C3-C5. Treatment plan includes facet injections from C7-T4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urgent facet injection C7-T4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301.

**Decision rationale:** CA MTUS/ACOEM Guidelines pages 300-301 state there is no long-term benefit with facet injections. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. As facet blocks are not recommended, determination is for non-certification.