

<b>Case Number:</b>	CM14-0084616		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 20 year old female with a work injury dated 8/22/13. The diagnoses include neck pain, cervical facetogenic pain, cervical facetogenic headaches, cervical discogenic pain, left wrist pain, thoracic discogenic pain with thoracic radiculitis, and myalgia. Under consideration is a request for left C2-3, C6-7 Facet Injection under Fluoroscopic Guidance, Conscious Sedation. There is a primary treating physician (PR-2) document dated 6/24/14 that states that the patient presents for reevaluation regarding her neck pain and headaches. She has interscapular pain on the left and left wrist pain. Her pain symptoms are constant. Her insurance denied cervical facets injections. She continues to have persistent neck pain and headaches. The pain prevents her from sleeping. She describes aching, stabbing pain in the left side of her neck and left scapular area. The pain is worse with standing, walking, bending and lifting. She has a difficult time finding a comfortable position. She would like to pursue the facet injections for her persistent neck pain and headaches. She has aching, burning and numb pain in the left wrist and left hand. She has weakness in the left hand. She has numbness and aching pain in the lateral left forearm, thumb and first digit. She continues to drop things from her left hand, and she has a more difficult time with grasping on the left. An MRI of the cervical spine on 10/21/13 indicated C5-6 1-2 mm disc bulge. An MRI of the thoracic spine on 10/21/13 indicated disc space narrowing with small disc bulges at T5-6 and T6-7 with some displacement of CSF at these two levels. In summary, the studies were normal. There was no evidence of a radiculopathy, entrapment neuropathy or peripheral neuropathy. On physical exam she has tenderness over the left C2-3 and C6-7 facet joints. She has limited rotation of her neck. She has pain with extension and flexion of her neck, limited by 50%. She has tenderness to palpation over the cervical and upper thoracic paraspinals, more on the left. Her upper extremity reflexes are 2+. Her upper extremity strength is 5/5 except

left grip is 5-/5. She has decreased sensation in the lateral left forearm, the left thumb and first finger. She has 'an altered sensation in the left interscapular area that radiates laterally to her left side. Tinel's and Phalen's signs are positive on the left. She ambulates with a normal gait. The treatment plan states that this is a patient with pain in her occipital and cervical area and in the left scapular area. She also has pain, paresthesias and weakness in her left wrist and hand. The thoracic and cervical MRI imagings were discussed with her and discussed her spinal anatomy in detail today. We discussed the findings which were normal. The document states that she has mainly a facetogenic component to her neck and upper back pain and there is an appeal for a left C2-3 and Left C6/7 facet joint injections. The patient has axial pain and referral patterns suggestive of cervical facet mediated pain. She has facetogenic headaches. The patient may benefit from cervical facet injections. The goal of the injections is to reduce the patient's pain and improve their function. The injections can also be diagnostic in helping identify whether the facets are the pain generators. The patient has failed to significantly improve from physical therapy and NSAIDS in the past.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left C2-3, C6-7 Facet injection under fluoroscopic guidance, conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 01/14/14)Facet joint diagnosis blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ACOEM Guidelines state that invasive techniques have no proven benefit in treating acute neck and upper back symptoms. The ACOEM Guidelines state that carpal tunnel syndrome does not produce hands or wrist pain. The ODG states that the physical findings of facet joint disease are signs in the cervical region that are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. The medical records provided for review indicated that the patient has symptoms below her shoulder into her forearm and hand. The electrodiagnostic study was negative for entrapment/compression neuropathy (i.e carpal tunnel syndrome). The documentation indicates that the patient has aching and pain in her left wrist and hand as well as numbness. The history and physical are suggestive of a cervical radiculitis (dorsal root pathology) which will result in a negative electrodiagnostic test. The patient does not meet the criteria for a facet injection and therefore the request is not medically necessary.