

<b>Case Number:</b>	CM14-0167558		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 injured worker is a 43 year-old female who was injured on 9/24/10 due to cumulative trauma. She complained of neck and shoulder pain. The patient complained of neck pain with referred pain and left arm pain. Pain was rated as 3-6/10 and worsened with activity. On exam, she had tender cervical paraspinal muscles. She was diagnosed with cervical strain, cervical degenerative disc disease, and mild left elbow ulnar nerve compression status post surgery. Cervical MRI showed disc protrusions. Electrodiagnostic testing showed ulnar neuropathy. Her treatment included physical therapy, acupuncture, and medications such as Flexeril, Motrin, Vicodin, and Maxalt. She had left elbow ulnar nerve release surgery in 3/2013. The current request is for diagnostic cervical facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic cervical facet blocks at left C4-C5 and C5-C6:** 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 (ODG): Neck and Upper Back (updated 08/04/14), Facet Joint Diagnostic Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, facet joint diagnostic blocks

**Decision rationale:** The request is considered not medically necessary. According to the ODG guidelines, neck pain should be non-radicular which does not apply to this patient. The patient has not failed all forms of conservative therapy. There is no clear documentation of the patient's response to different oral medications. The patient had physical therapy but no documentation from the sessions was included in the chart. It was stated to have "partially helped". She also only had one session of acupuncture. So it cannot be concluded that she failed conservative therapy. She may benefit from this in the future, but at this point, she does not meet the criteria for facet blocks. Therefore, the request is not medically necessary.