

<b>Case Number:</b>	CM14-0187634		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Internal 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 injured worker (IW) is a 57-year-old man who sustained an industrial injury on October 19, 2012. He was replacing a tire on an SUV and the car was at chest level. The tire started to slip and he reached out to grab it. The tire weighed 80 to 100 pounds and he didn't want it to land on his foot. He felt pain in his right shoulder and wrist. A nerve test was ordered which was interpreted as demonstrating a focal neuropathy of the right median nerve at the wrist consistent with a moderate case of carpal tunnel syndrome. A cortisone injection to his right wrist was performed on October 17, 2013, which provided no relief. The IW underwent right carpal tunnel release on May 7, 2014. Pursuant to the most recent progress note in the medical record dated May 30, 2014, the IW complains of bilateral shoulder pain and pain in the right mid paracervical areas. He has been attending chiropractic therapy for his neck, but continues to have neck pain. Objectively, neurovascular examination is intact. Cervical spine examination revealed pain is greatly aggravated with extension and rotation to the right. His maneuver to the right causes pain in the mid to lower paracervical areas extending into the scapular areas. He has good strength in the upper extremities. Flexion of the cervical spine is better tolerated. Deep tendon reflexes are intact. The IW is taking Naproxen 500mg, and Norco 7.5/325mg. Cervical MRI shows disc degeneration and spondylosis at the lower levels. There is significant stenosis centrally and foraminaly left at C5-C6 and bilaterally significant stenosis at C6-C7. Facet arthropathy severe at C7-T1 with stenosis on the right. The IW had a transforaminal epidural steroid injection of the right C5-C6, and C6-C7 previously without any relief. The IW is 13 days post-op right carpal tunnel repair. His right wrist is doing very well. The IW has been diagnosed with cervicalgia, degeneration cervical IV disc, endoscopic carpal tunnel release, right wrist; cervical disc disease with radiculitis, right arm, and open repair of subscapularis tendon, open repair supraspinous and rotator interval with double row technique, arthroscopic debridement lateral edge of the coracoid

process for coracohumeral impingement, acromioplasty, excision of AC joint, right shoulder, May 6, 2013. The provider is requesting a cervical facet injection right C5-C6, and C6-C7.

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

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

#### **Cervical facet injection right C5-C6/C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) p181-183

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Cervical Facet Injections

**Decision rationale:** Pursuant to the Official Disability Guidelines, cervical facet injection right C5 - C6/C6 - C7 is not medically necessary. Clinical presentations should be consistent with facet joint pain, signs and symptoms. Criteria for the use of diagnostic blocks for facet nerve pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; there is documentation of failure of conservative treatment (home exercises, physical therapy and non-steroidal anti-inflammatory prior to the procedure for at least 4 to 6 weeks. See guidelines for additional criteria. In this case, the working diagnoses carpal tunnel syndrome, right wrist; cervical disc disease with radiculitis, right arm and open repair subscapularis tendon, open repair of supraspinatus and rotator interval with double row technique, arthroscopic debridement, acromioplasty, excision AC joint, right shoulder. Cervical facet injections are not indicated in patients with radicular pain. This injured worker has cervical disk disease with radiculitis. Consequently, the criteria for cervical facet injections are not met. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, cervical facet injection right C5 - C6/C6 - C7 is not medically necessary.