

<b>Case Number:</b>	CM14-0210106		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 46-year-old man with a date of injury of September 1, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are neck pain; cervical degenerative disc disease; cervicogenic headaches; and cervical strain. Pursuant to a progress note dated September 23, 2014, the IW complains of severe neck pain, primarily on the left side with radiation into the left trapezius. Examination of the cervical spine reveals tenderness to palpation over the articular pillars on the left C2-C3, C3-C4, and C4-C5. There is no tenderness over the spinous process. Range of motion flexion is normal. There is pain with rotation torsion in a clockwise fashion. Spurling's test is negative bilaterally. Documentation from a September 26, 2014 progress note states the IW had a cervical epidural steroid injection with relief of the scalp pain. He still has upper back pain. The treating physician is requesting a TENS unit and am cervical medial branch block. The current request is for a cervical median branch nerve or facet block joint injection (C4-C5 and C5-C6) with IV sedation X 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical median branch nerve or facet joint injection (C4-5, 5-6) with IV sedation:** Upheld

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

**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, Facet Joint Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cervical median branch nerves or facet joint injection (C4 - C5 and C5 - C6) with IV sedation is not medically necessary. The criteria for use of facet nerve injections include, but are not limited to, pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatment; etc. See guidelines for additional details and criteria. In this case, the injured worker's working diagnoses are neck pain; cervical degenerative disc disease; cervicogenic headaches; and cervical strain. The documentation from a July 24, 2014 and September 24, 2014 progress note indicates the injured worker has radicular symptoms of pain radiating to the scalp and to the left arm. Facet joint injections are indicated when pain is non-radicular. Documentation from September 26 progress note states the injured worker received an epidural steroid injection with relief of scalp pain. Epidural steroid injections are indicated when radiculopathy is present. The September 26, 2014 progress note indicates the injured worker still complaining of left sided neck pain that radiates to the left trapezius that has lessened with radiation to the top of the head but not the shoulder. Consequently, absent clinical documentation to support the clinical indications for facet joint injections, prior epidural steroid injections that are administered in the presence of radiculopathy, cervical median branch nerves or facet joint injection (C4 - C5 and C5 - C6) with IV sedation is not medically necessary.