

<b>Case Number:</b>	CM14-0217995		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a recent injury date of 07/01/2012. The mechanism of injury is not clearly stated within the provided documentation. A pain medicine evaluation dated 11/04/2014 described a chief complaint of ongoing neck pain that radiates into her right upper extremity. The pain is reportedly aggravated by performing household chores and the application of ice is noted as relieving some discomfort. She is noted prescribed Naproxen but stated not getting much relief. She has had surgical intervention to cervical spine in 09/2013. Physical examination of cervical spine found tenderness with palpation to cervical paraspinal area, positive for myofascial tenderness and deep tendon reflexes are noted as equal bilaterally to upper extremity. Current diagnoses include; cervical strain, cervical disc injury, status post left fusion 2013, repetitive strain and myofascial pain syndrome. Plan of care involved cervical epidural injection and pending authorization for electro-acupuncture treatment as well as functional restoration program. In the interim, prescribed Lyrica. A request for services was dated 12/15/2014 asking for a right facet injection to C3-5. The Utilization Review denied the request on 12/22/2014 as not meeting medical necessity requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right C3-C5 facet injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-facet joint diagnostic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Chapter, facet joint diagnostic blocks.

**Decision rationale:** The patient presents with pain and weakness in her neck, right shoulder and right upper extremity. The patient is s/p ACDF C4-6 on 09/12/13. The request is for RIGHT C3-C5 FACET INJECTION. Per 12/04/14 progress report, the treater wants to confirm her pain generator with the facet injection, then the treater wants to do radiofrequency ablation to give her prolonged pain relief. Per 12/04/14 progress report, the patient has not had any injection on her cervical spine in the past. According to ODG guidelines, Neck and Upper back Chapter, facet joint diagnostic blocks, <http://www.odg-twc.com/odgtwc/neck.htm#Protocol>) recommends facet joint injections prior to facet neurotomy. The criteria for facet joint therapeutic steroid injections are: Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session (see above for medial branch block levels). Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, there is no documentation regarding conservative treatment the patient has had in the past. As the diagnosis indicates, the patient has cervical radiculopathy. Furthermore, the patient has had L4-L6 fusion in 2013. The request IS NOT medically necessary.