

<b>Case Number:</b>	CM14-0036446		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41-year-old female who sustained an industrial injury on 6/2/13. Injury occurred relative to a slip and fall. The 2/11/14 treating physician report cited a flare-up of neck symptoms with radicular complaints to the right shoulder and paresthesias in the right hand. Pain was rated 6/10. Physical exam documented moderate loss of cervical flexion and extension, right shoulder abduction 70-80 degrees with pain, grip strength 5-/5, and tenderness over the right acromioclavicular joint, cervical facet joints, and trapezius and supraspinatus muscles. The diagnosis was neck pain with facet arthropathy, right carpal tunnel syndrome and possible cervical radiculopathy. The 3/3/14 utilization review non-certified the request for cervical facet joint injections at the right C5/6 and C6/7 under fluoroscopy. The rationale for non-certification cited no documentation of prior conservative treatment. The 5/6/14 treating physician report cited facet joint injections and physical therapy were not authorized. She had continued neck and shoulder pain, ranging from 6-7/10. She was taking Relafen, Tylenol with Codeine, and Robaxin. Cervical spine exam documented paraspinal muscle spasms with tenderness over the right cervical facet joints and trapezius. Upper extremity exam documented 5-/5 right grip strength weakness due to pain and paresthesias, intact gross sensation, symmetrical reflexes, tenderness over the right AC joint, right shoulder abduction 80-90 degrees, and left shoulder abduction 110-120 degrees. The diagnosis was right shoulder pain and right carpal tunnel syndrome. The patient was to continue with full duty work and home exercise. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Joint Injections (at the right C5-C6 and C6-C7 under fluoroscopy): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, 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: Facet joint therapeutic steroid injections.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for cervical facet joint injections. The Official Disability Guidelines do not recommend therapeutic cervical facet joint injections. Criteria for the use of facet joint injections include a clinical presentation consistent with facet joint pain, signs and symptoms. Guidelines state that if radiation of pain to the shoulder is noted, pathology in this region should be excluded. There should be no evidence of radicular pain or spinal stenosis. Guideline criteria have not been met. Guidelines do not recommend therapeutic cervical facet joint injections. Shoulder pathology has not been ruled-out as required by guidelines. There is evidence of right shoulder pain with tenderness over the AC joint and marked limitation in abduction. Imaging evidence of facet pathology is not evidenced. Radiculopathy is evident and in such a setting, such a request is not typically guideline-supported. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.