

<b>Case Number:</b>	CM14-0093484		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	05/22/2014
<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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

This 52 year old female sustained a work related injury on 5/4/2007. The mechanism of injury was not described. The current diagnoses are status post two-level anterior cervical discectomy and fusion at C5 through C7 and probable adjacent level disease at C4-C5 and C7-T1. On 4/10/2014, diagnostic testing of the cervical spine revealed a well-healed anterior fusion at C5-C6, C6-C7. At C4-C5, there is a 2-3 millimeter broad based disc protrusion with mild canal stenosis. At C7-T1, there was also a similar broad based central disc protrusion. According to report dated 4/16/2014, the patient presents with continued neck pain. The physical examination revealed focal tenderness in the upper portion of the cervical spine bilaterally at the C4-C5 level as well as on the right side at C7-T1. There was stiffness noted. On this date, the treating physician prescribed a C4-C5 facet block "to control symptoms." In addition to the facet block, the treatment plan included pain management specialist and cervical epidural injection. Work status was temporarily totally disabled. Report 3/11/14, documents that the patient has neck pain that "will radiate down the arm to the elbow..." On 5/22/2014, Utilization Review non-certified the request for a C4-C5 facet block. The facet block was non-certified based on inadequate information to determine the appropriateness of this intervention at this level. The California MTUS ACOEM Medical Treatment Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C5 facet block:** 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 & Upper Back (updated 04/14/14)

**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, cervical facet joint diagnostic blocks

**Decision rationale:** This patient presents with chronic neck pain. The current request is for C4-C5 facet block. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, " (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. As documented in progress report dated 3/11/14, the patient has neck pain that "radiate down the arm to the elbow..." ODG does not recommend diagnostic facet injections for patients that present with radicular symptoms. The requested C4-C5 facet block is not medically necessary.