

<b>Case Number:</b>	CM15-0007753		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 4/24/2008. The current diagnoses are cervicgia, shoulder/upper arm sprain (unspecified site), and disorders of the bursae and tendons in the shoulder region. Currently, the injured worker complains of neck pain. The pain is rated 8/10 on a subjective pain scale. Additionally, he reports increased headaches. Treatment to date has included medications, physical therapy, and epidural steroid injection. The injection resulted in greater than a 90% reduction in radiating arm pain, which allowed him to reduce his narcotic consumption as a result of that. MRI of the cervical spine shows severe degenerative facet arthropathy. The treating physician is requesting 1 bilateral cervical facet joint blocks at the levels of C5-C6 and C6-C7, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for 1 bilateral cervical facet joint blocks at the levels of C5-C6 and C6-C7. The ACOEM 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:

#### **1 Bilateral Cervical Facet Joint Blocks at the levels of C5-C6 and C6-C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck pain and Facet joint block

**Decision rationale:** According to the ODG guidelines, Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a 'sedative' during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections. In this case, the claimant had prior ESI, therapy, pain medications, etc. The VAS scores were noted to be 8/10, only 2 levels of blocks were considered and there were no radicular symptoms. The cervical facet blocks are appropriate and medically necessary.