

<b>Case Number:</b>	CM15-0102010		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male who sustained an industrial injury on 08/11/2011 resulting in left shoulder and low back pain/injury. The Injured worker was diagnosed with facet arthropathy and joint pain. Treatment provided to date has included: left shoulder arthroscopy with labral tear repair and distal clavicle resection (07/2012) with revision surgery on 11/11/2013; physical therapy (9 sessions), and medications. Diagnostic tests performed include: x-rays of the left shoulder (08/05/2011) showing mild AC and glenohumeral joint degenerative changes; MRI of the left shoulder (09/08/2011) showing possible labral tear; MRI and CT scan of the lumbar spine showing retrolisthesis and foraminal narrowing; and electrodiagnostic testing of the upper extremities which were noted to be unremarkable. Comorbid diagnoses included history of diabetes, hyperlipidemia, and gastrointestinal bleed. There were no noted previous injuries or dates of injury. On 04/28/2015, physician progress report noted complaints of neck pain, mid back pain, low back pain and left shoulder pain with overhead reaching. There was no pain rating mentioned. The physical exam revealed tenderness along the lumbar and cervical paraspinal muscles, pain along facet joints, pain with facet loading, and tenderness along the left shoulder, rotator cuff and biceps tendon with abduction of 120°. The consultation dated 04/20/2015 reports a pain level of 9 (0-10) with objective findings of tenderness over the cervical paraspinal muscles over lying the right facet joints at C5-6 and C6-7, full range of motion in all limbs without pain, and restricted range of motion in the cervical spine. The consulting provider noted diagnoses of bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, cervical facet joint pain at C5-6 and C6-7, cervical facet

joint arthropathy, chronic neck pain, and left shoulder pain. Plan of care includes Norco, gabapentin, orphenadrine, Flexeril, naproxen, Protonix, spine surgeon referral, 12 sessions of physical therapy, follow-up, and activity restrictions. Requested treatments include one fluoroscopically guided diagnostic right C5-6 and C6-7 facet joint medial branch block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One fluoroscopically-guided diagnostic right C5-C6 and C6-C7 facet joint medial branch blocks:** 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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for left shoulder and bilateral neck and low back pain. When seen, there was decreased cervical spine range of motion with pain worse on extension versus flexion. Spurling's testing was negative. There was tenderness over the right C5-6 and C6-7 facet joints. Prior treatments have included chiropractic care, medications, and physical therapy. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, when requested, the claimant was having nonradiating neck pain and there were no physical examination findings of radiculopathy. Two level treatments were requested. The criteria for performing diagnostic facet blocks are met and the request was medically necessary.