

<b>Case Number:</b>	CM15-0103516		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 10/29/11. He reported pain in the upper thoracic area, back, and neck with numbness in the arm. The injured worker was diagnosed as having bilateral C5-6 and C6-7 facet pain, thoracic pain, cervicgia, and cervical spondylosis without myelopathy. Treatment to date has included chiropractic treatment, physical therapy, and medication. Currently, the injured worker complains of neck and mid back pain. The treating physician requested authorization for bilateral C5-6 and C6-7 facet blocks under fluoroscopy. The treating physician noted facet blocks were needed as the injured worker has had no injection therapy and the left cervical range of motion was limited along with positive cervical facet loading maneuvers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral C5-C6, C6-C7 facet blocks under fluoroscopy: 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 Neck & Upper Back (updated 11/18/14) - Online Version Official Disability Guidelines Neck & Upper Back Chapter, facet joint diagnostic blocks section Official Disability Guidelines Neck & Upper Back Chapter facet joint therapeutic steroid injections section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** This patient presents with neck and mid back pain. The current request is for Bilateral C5-C6, C6-C7 facet blocks under fluoroscopy. The RFA is dated 03/25/15. Treatment to date has included chiropractic treatment, physical therapy, and medications. The patient is working full-time with no restrictions. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block MBB. 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. 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." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: " 1. axial pain, either with no radiation or severity 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; and 4. absence of radicular and/or neurologic findings." According to progress report 03/25/15, the patient reports neck and mid back pain with numbness and tingling down the arm. He is working full time but "it is very difficult for him to continue work as the pain is continuously there with a sharp stabling sensation all down the hands into the arms." The treater recommended bilateral C5-6 and C6-7 facet blocks under fluoroscopy as the patient has had "no injection therapy and the left cervical range of motion was limited along with positive cervical facet loading maneuvers." This patient presents with cervical pain, which radiates down into the arms and hands. ODG Guidelines do not support diagnostic cervical facet blocks in patients who present with radicular symptoms. Given these findings, the requested diagnostic block cannot be substantiated. This request is not in accordance with guideline indications; therefore, the request is not medically necessary.