

<b>Case Number:</b>	CM15-0137830		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 27, 2014. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for multilevel cervical facet injections under fluoroscopic guidance with associated sedation. The claims administrator referenced a progress note dated June 8, 2015 in its determination. The claims administrator noted that the applicant had undergone earlier cervical fusion surgery. The applicant's attorney subsequently appealed. On April 25, 2015, the applicant reported ongoing complaints of neck and mid back pain. The applicant was described as having multilevel spinal stenosis noted on cervical MRI imaging superimposed on issues with multilevel spondylosis. Tramadol was endorsed on a trial basis. A 15-pound lifting limitation was endorsed. It was not clearly stated whether the claimant was or was not working with said limitation in place. On May 1, 2015, cervical facet injection therapy was sought. The stated diagnosis was "cervical radiculitis." On May 1, 2015, the applicant reported ongoing complaints of neck pain radiating into the trapezius musculature with some intermittent discomfort about the lateral aspects of the arms and shoulders. The applicant apparently exhibited intact motor function and a steady gait. A trial of facet joint injection therapy was sought. On June 8, 2015, the attending provider contented that the applicant's current pain complaints were axial and/or facetogenic in nature as opposed to radicular. The attending provider again noted that the applicant had undergone an earlier cervical fusion surgery. The attending provider also noted that the applicant had multiple thoracic compression fractures. The applicant exhibited

tenderness about the upper trapezius musculature as well as at the C6-C7 and T7-T1 levels with limited range of motion and intact motor function. The applicant's work status was not detailed.

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

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

#### **1 Cervical Facet Injections at Right C6-7. C7-T1 under fluoroscopic guidance with use of sedation as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Facet joint diagnostic blocks.

**Decision rationale:** No, the request for multilevel cervical facet injections under fluoroscopic guidance with sedation was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the article at issue here, are deemed "not recommended" in the management of neck and/or upper back complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of facet injections in the face of the unfavorable ACOEM position on the same. A more updated Medical Treatment Guideline (MTG) in the form of Third Edition ACOEM Guidelines notes that facet joint injections are likewise "not recommended" for applicants with chronic cervical thoracic pain, with or without radicular pain syndromes. Here, the applicant was described as having some residual radicular pain complaints on a May 1, 2015 office visit, at which point it was stated that the applicant had complaints of neck pain radiating into the upper lateral arms. The fact that the applicant had undergone earlier cervical fusion surgery, furthermore, also suggested that the applicant's primary pain generator was, in fact, residual radiculitis status post earlier cervical fusion surgery, i.e., arguing against the need for facet injections here. ODG's Neck and Upper Back Chapter Facet Joint Diagnostic Blocks Topic notes that facet blocks should not be performed in applicants who have had previous fusion at the planned injection level. Here, the applicant was described as having undergone a fusion at one level in question, C6-C7. ODG also notes that sedation during facet blocks should only be given in cases of extreme anxiety as it might negate the results of a diagnostic block. The request, in short, as written, was at odds with both ACOEM and ODG principles and parameters. Therefore, the request was not medically necessary.