

<b>Case Number:</b>	CM15-0140643		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: North Carolina

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 36 year old female who sustained an industrial injury on 3.15.12. The mechanism of injury was unclear. She currently complains of right shoulder pain (6 out of 10); cervical pain with right upper extremity symptoms (5 out of 10); thoracic pain (5 out of 10); left wrist, hand pain ( 5 out of 10); left elbow, medial forearm pain (6 out of 10). On physical exam there was limited but improved range of motion of the right shoulder with spasm of the right deltoid musculature, cervical trapezius; tenderness of the cervical spine with limited range of motion and pain; positive Tinel's left and right, diminished sensation median nerve distribution. Medications were Pamelor, Lyrica, Norco, naproxen, pantoprazole, cyclobenzaprine, Tramadol, Elavil. Medications help in performance of activities of daily living, helps her maintain healthy activity level. Diagnoses include cervicgia; chronic pain syndrome; occipital neuralgia; carpal tunnel syndrome, status post remote carpal tunnel release, rule out recurrent median neuropathy; status post remote left cubital tunnel release, rule out recurrent ulnar neuropathy; status post right shoulder arthroscopic subacromial decompression (1.6.14); cervical myofascial pain; thoracic myofascial pain. Treatments to date include medications; home exercise program. In the progress note dated 3.12.15, the treating provider's plan of care includes a request for diagnostic facet block C6-7 due to cervical axial pain and occipital pain remain refractory to treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7 diagnostic facet block:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FACET BLOCKS.

**Decision rationale:** The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. The request is for one block in the cervical neck and therefore criteria have been met and the request is medically necessary.