

<b>Case Number:</b>	CM15-0141411		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 63 year old female, who sustained an industrial injury on 11-20-2014. She reported tripping and falling, hitting her face and head. Diagnoses have included multi-level cervical degenerative disc disease, lumbar degenerative disc disease with associated lumbar facet syndrome, closed head trauma with transient loss of consciousness and continued cervicogenic headaches. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, home exercise program and medication. According to the progress report dated 4-23-2015, the injured worker complained of moderate headaches and severe neck pain. She reported bilateral arm pain during exercise. Exam of the neck revealed severe tenderness over the C7-T1 cervical spine and scapular regions of her cervical spine. There was mild tenderness over her low back. She is diagnosed with moderate to severe C5-C6 and C6-7 cervical spinal stenosis with left arm radicular symptoms. She is being referred for cervical epidural steroid injection. Authorization was requested for bilateral facet blocks at C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Cervical Facet Block C5-C6, C6-C7, x1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back-Facet Joint Blocks.

**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) Neck & Upper Back Chapter/Facet joint diagnostic blocks.

**Decision rationale:** According to the CA MTUS ACOEM guidelines, facet injections are not recommended in the treatment of cervical spine conditions. According to ODG, diagnostic blocks for facet nerve pain are limited to patients with cervical pain that is non-radicular. In this case, the injured worker is diagnosed with moderate to severe C5-C6 and C6-7 cervical spinal stenosis with left arm radicular symptoms. She is being referred for cervical epidural steroid injection. The request for cervical facet injections is not supported. The request for Bilateral Cervical Facet Block C5-C6, C6-C7, x1 is not medically necessary or appropriate.