

<b>Case Number:</b>	CM15-0143590		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/21/2015
<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: 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 43 year old female, who sustained an industrial injury on 4-21-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia and numbness. There is no record of a recent diagnostic study. Treatment to date has included bilateral shoulder surgery, physical therapy, home exercises and medication management. In a progress note dated 7-6-2015, the injured worker complains of neck and right shoulder pain, rated 4-6 out of 10 without medications and 2-3 out of 10 with medications. Physical examination showed cervical paraspinal tenderness and cervical facet joint tenderness and decreased cervical range of motion. The treating physician is requesting right cervical 2-3, 3- 4 and 4-5 facet injections with conscious sedation and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C2-C3, C3-C4, C5-C5 facet injections with conscious sedation and fluoroscopic guidance:** Upheld

**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) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The 43 year old patient presents with pain in the right side of the neck and the right shoulder, rated at 4-6/10 without medications and 2-3/10 with medications, along with numbness in right forearm and hand, as per progress report dated 07/06/15. The request is for RIGHT C2-C3, C3-C4, C5-C5 FACET INJECTIONS WITH CONSCIOUS SEDATION AND FLUOROSCOPIC GUIDANCE. There is no RFA for this case, and the patient's date of injury is 04/21/12. The patient is status post left shoulder surgeries in 2004 and 2005, and status post right shoulder surgery on 01/27/15, as per progress report dated 07/06/15. Diagnoses included chronic pain syndrome, neck pain, cervical strain, cervical radiculopathy, right upper extremity pain, SLAP tear, myalgia, and numbness. MRI of the cervical spine, dated 07/02/12, revealed degenerative disc disease from C4-5 to C6-7 along with mild spinal stenosis, loss of cervical lordosis, mild adenoid hypertrophy, and left maxillary sinus cyst. The patient is taking NSAIDs and Norco for pain relief, and is not working, as per progress report dated 07/06/15. ODG-TWC, Neck and Upper Back (Acute & Chronic) 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 (see above for medial branch block levels). 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 severely 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." In this case, the patient suffers from pain in the cervical spine along with tenderness in the facet joints at C2-3, C3-4 and C4-5, as per progress report dated 07/06/15. In the report, the treater states that the patient "has axial pain and referral patterns suggestive of cervical facet mediated pain." There is no diagnosis of radicular pain. Therefore, the treater believes that the facet joint injections may help reduce pain and improve function while "helping identify whether the facets are, indeed, the pain generators." The reports, however, also indicate that conservative treatments such as ice and medications are being helpful to the patient. She is also undergoing physical therapy and performing HEP. ODG requires "documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." Additionally, guidelines allow for injections at no more than 2 joint levels in one session. Hence, the treater's request for facet joint injections at C2-C3, C3-C4, C5-C5 IS NOT medically necessary.