

<b>Case Number:</b>	CM15-0161599		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male with an industrial injury dated 09-03-2013. The injured worker's diagnoses include post traumatic cervical spine sprain and strain; rule out herniated nucleus pulposus. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-24-2015, the injured worker reported intermittent moderate to occasional severe neck pain radiating down the upper extremities to the hands with numbness and tingling. The injured worker also reported stiffness and tightness and difficulty with prolonged upright support, headaches and difficulty sleeping. The injured worker also complained of bilateral shoulder and lumbar spine pain. Cervical spine exam revealed decreased cervical range of motion and guarded posture. Cervical spine radiograph revealed a right tilt, midline trachea, loss of lordosis and a slight loss of disc height at C5-6. The treatment plan consisted of Magnetic Resonance Imaging (MRI) of cervical spine and lumbar spine. The treating physician prescribed services for cervical facet block injection, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet block injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter-Facet joint diagnostic blocks.

**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), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for radiating neck and low back pain and bilateral shoulder pain. When seen, there was decreased cervical spine range of motion. In March 2015 the claimant was having radiating symptoms into the upper extremities. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant was having radicular symptoms in March 2015 and, when seen, there were no reported physical examination findings such as facet joint tenderness or positive facet loading maneuvers that would support a diagnosis of facet mediated pain. The requested cervical facet blocks do not meet the criteria and are not medically necessary.