

<b>Case Number:</b>	CM15-0162196		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/04/1993
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 50 year old male with an industrial injury dated 06-04-1993. Medical record review indicates he is being treated for facet arthritis of cervical region. Other documented impressions (05-13-21015 note) include spinal cord stimulator, cervical radiculopathy, failed back syndrome, lumbar radiculopathy and polypharmacy. He presents on 06-29-2015 with cervical pain. He had spinal cord stimulator and cervical surgery in 2006. Documentation notes his neck pain had improved initially with cervical fusion. The pain is documented as being located at the cervico thoracic junction and was associated with significant headaches. The pain radiated down his right arm over the cervical 8 distribution. Objective findings are documented as intact sensory to light touch bilaterally. Cranial nerves II through XII was intact. CT of the cervical and lumbar spine done on 09-04-2014 is documented by the provider in the 06-29-2015 note as showing no significant spinal canal or foraminal stenosis and significant cervical 7-thoracic 1 facet arthrosis and degeneration. Prior treatment included medications and surgery. The provider documents in the 06-29-2015 note "He did not have recent epidural steroidal injection, facet block or physical therapy." The request for authorization dated 07-01-2015 is for Cervical Facet blocks C7-TI x 1 under fluoroscopy guidance with IV sedation. On 08-10-2015 the request for Cervical Facet blocks C7-TI x 1 under fluoroscopy guidance with IV sedation was deemed as not medically necessary buy utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet blocks C7-T1 x1 under fluoroscopy guidance with IV sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 has a remote history of a work injury occurring in June 1993 and underwent a lumbar fusion in the 1990s and a multilevel anterior cervical decompression and fusion from C4-7 in 2006, when his neck pain had initially improved but he was having increasing pain over the previous few years. He was having pain at the cervicothoracic junction and was having headaches. Pain was radiating into the right arm in a C8 distribution. Physical examination findings included a BMI of over 36. An otherwise normal examination was documented. Authorization is being requested for bilateral C7-T1 facet blocks with sedation. 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. In this case, the claimant has radicular pain. There are no reported physical examination findings such as facet tenderness or positive facet loading testing that support a diagnosis of cervical facet mediated pain. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.