

<b>Case Number:</b>	CM15-0163149		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, 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 48 year old male, who sustained an industrial injury on 08-12-2014. He has reported injury to the head, neck, and low back. The diagnoses have included headache; post-concussion syndrome; cervical spine strain; C4-5 disc degeneration; left C3-4 facet arthropathy; left central retinal vein occlusion; thoracic spine strain; lumbar muscle strain; L5-S1 disc degeneration; right ankle fracture; right multiple ribs fracture; left ankle strain; left foot fracture; and left hand joint pain. Treatment to date has included medications, diagnostics, and bracing, injection to the left eye, acupuncture, chiropractic therapy, occupational therapy, physical therapy, and home exercise program. Medications have included Norco, Nortriptyline, Mobic, Anaprox, and Zanaflex. A progress report from the treating physician, dated 06-23-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant mechanical neck pain which he rated at 8 out of 10 in intensity with movement; the pain is on both sides of his neck, worse on the left side; rotation and extension of his neck and increase his pain significantly; he does not have much pain if he can avoid moving his neck completely; when he moves his neck, he experiences pain in his upper trapezial region and upper arms; he experiences some pain, numbness, and weakness in his left hand-wrist region, but attributes this to the tendon injury he sustained in the motor vehicle accident; and he will see a hand specialist in the near future. It is noted in the documentation that the injured worker has had physical therapy without improvement, and chiropractic therapy with some improvement. Objective findings included tenderness and guarding in the cervical paraspinal musculature, particularly over the spinous processes of C3-4; cervical spine range of motion is decreased

secondary to pain; there are complaints of increased pain with extension and rotation of the neck; examination of the left hand and wrist reveals scars from an external fixator; he has discomfort with making a circle with his index finger and thumb; sensation testing is within normal limits in the C1 through C8 nerve distribution in both upper extremities; and there is full 5 out of 5 muscle strength for all muscle groups in the bilateral upper extremities. The treatment plan has included the request for facet block C3-4 left side.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Facet block C3-4 left side:** 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 & Upper Back (Acute & Chronic): Facet joint diagnostic blocks.

**MAXIMUS 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 (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical facet block, ACOEM recommends conservative treatment prior to invasive techniques. ODG states that the physical findings consistent with facet mediated pain include axial neck pain, tenderness to palpation over the facet region, decreased range of motion particularly with extension and rotation, and absence of radicular or neurologic findings. ODG goes on to state that therapeutic facet injections are not recommended. Rather, they recommend a medial branch diagnostic block and subsequent neurotomy if the medial branch block is successful. Within the documentation available for review, there is no clear indication or rationale for a facet block rather than a medial branch block as recommended by the guidelines and, unfortunately, there is no provision for modification of the current request. As such, the currently requested cervical facet injection is not medically necessary.