

<b>Case Number:</b>	CM15-0163711		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of February 20, 2015. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for bilateral cervical facet blocks. Non-MTUS ODG Guidelines were invoked. The claims administrator incorrectly stated that the MTUS did not address the topic. The claims administrator referenced an RFA form received on July 14, 2015. The claims administrator contented that the applicant had received approval for earlier facet blocks via a prior UR report dated June 11, 2015 and the attending provider had failed to recount the applicant's response to the same. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of neck pain with radiation of pain to the left upper extremity. Motor function was intact. Dyaesthesias were noted about the C6 distribution. The applicant was given primary operative diagnosis of cervical radiculopathy secondary to herniated nucleus pulposus at C5-C6. Cervical facet blocks were sought. An RFA form of May 20, 2015 also suggested that the applicant's primary operating diagnosis was in fact cervical radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical facet blocks:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** No, the request for bilateral cervical facet blocks was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the article at issue, are deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were/are present here. Here, the applicant's presentation, furthermore, was not seemingly suggestive or evocative of a facetogenic neck pain for which the cervical facet blocks could have been considered. The attending provider stated both on a progress note of May 1, 2015 and on an RFA form of May 20, 2015 that the applicant's primary operative diagnosis was cervical radiculitis and/or herniation of cervical intervertebral disc with radiculopathy. The request, thus, was not indicated owing to (a) the unfavorable ACOEM position on the article at issue, (b) the claimant's seeming lack of bonafide facetogenic neck pain, and (c) the superimposed cervical radicular pain complaints. Therefore, the request was not medically necessary.