

<b>Case Number:</b>	CM15-0165742		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/10/2005
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 68-year-old male, who sustained an industrial injury on 3-10-05. He reported pain in his neck, shoulders and back related to cumulative trauma. The injured worker was diagnosed as having cervical spondylosis. Treatment to date has included a cervical MRI, cervical facet injection at C3-C4, C4-C5 and C5-C6 on 5-23-14, 1-15-14, 4-26-13 and 8-31-12, aqua therapy, an EMG on 2-18-07 and Norco. As of the PR2 dated 7-31-15, the injured worker reports his pain started up again perhaps six months ago and has become progressively more bothersome. The treating physician noted a negative Hoffmann sign and at least 50% restriction of cervical range of motion. The treating physician requested a cervical facet injection at C3-C4, C4-C5 and C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical facet injection at C3-4, C4-5, C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. 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 therapeutic steroid injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2005. He continues to be treated for neck, back, and shoulder pain. Treatments have included intra-articular cervical facet injections done in August 2012, April 2013, and January and May 2014. When seen, there had been an excellent response to the injections done before. His pain had started again six months ago and had become progressively more bothersome. He was having right mid/upper cervical pain. Physical examination findings included right lateral mass cervical tenderness and decreased and painful cervical spine range of motion causing right-sided neck pain. Authorization for a repeat three level intra-articular injection was requested. Criteria for the use of therapeutic intra-articular and medial branch blocks include an absence of radicular pain, spinal stenosis, or previous fusion, that no more than two joint levels are blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise. If successful with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. In this case, the degree and duration of pain relief from the previous injections is not adequately documented. Additionally the number of levels is more than that recommended and medial branch radiofrequency has not been considered. The request is not medically necessary.