

<b>Case Number:</b>	CM15-0184906		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/01/1993
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 1, 1993. In a Utilization Review report dated September 15, 2015, the claims administrator approved a replacement ankle foot orthosis while denying multilevel cervical facet blocks. A September 3, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant underwent C4 through C6 cervical medial branch blocks under fluoroscopic guidance. On September 3, 2015, the applicant underwent ongoing complaints of neck, bilateral shoulders, bilateral upper extremity, knee, and ankle pain. Numbness, tingling, and paresthesias were noted about the bilateral upper extremities, highly variable, ranging from 2 to 7/10. The applicant's medication list includes Norco, Neurontin, and Butrans. The applicant was described as having prior medial branch blocks in October 2014 and June 2015. Tenderness about the cervical paraspinal musculature was appreciated. Neurontin, Norco, and Butrans were refilled. Multilevel cervical facet blocks were sought on the grounds that the applicant had reportedly responded favorably to the same in the past. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical facet block injection C4-5 bilateral: 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** No, the request for a C4-C5 cervical facet block injection is 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 of corticosteroids, i.e., the article at issue here, are deemed "not recommended" in the evaluation and management of the applicants with neck and upper back pain complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of: (a) unfavorable ACOEM position on the same, and (b) in face of the applicant's having superimposed radicular pain complaints as of the date of the request, September 3, 2015. The applicant was described as having ongoing complaints of upper extremity paresthesias, numbness, and tingling about the arms. The applicant was using Neurontin, it was acknowledged on that date, presumably for residual radicular pain complaints. It did not appear, thus, that the facet injection in question was indicated both owing to: (a) the unfavorable ACOEM position on the same and, (b) the considerable lack of diagnostic clarity present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the treating provider acknowledged on September 3, 2015 that the applicant has had prior facet injections. It did not appear, however, the applicant had responded favorably to same. The applicant's work status was not reported on September 3, 2015 suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents such as Norco and Butrans, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior cervical facet blocks. Therefore, the request for a repeat cervical facet block injection is not medically necessary.

### **Cervical facet block injection C5-6 bilateral: 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Similarly, the request for cervical facet block injection at C5-C6 is likewise 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 of corticosteroids steroids, i.e., the modality at issue here, are deemed "not recommended" in the evaluation and

management of the applicants with neck and upper back complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of this particular modality in the face of the: (a) unfavorable ACOEM position on the same, and (b) in the face of the applicant's having superimposed radicular pain complaints reported on September 3, 2015, arguing against the present of bonafide facetogenic pain for which the facet injection in question could be considered. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider reported on November 3, 2015 that the claimant had received multiple prior facet injections in the past. It did not appear that the claimant had profited from the same. The claimant's work status was not reported on September 3, 2015, suggesting that claimant was not, in fact, working. The claimant remained dependent on a variety of opioid and non-opioid agents to include Norco, Butrans, Neurontin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior facet injections over the course of the claim. Therefore, the request for a repeat facet block injection at C5-C6 is not medically necessary.