

<b>Case Number:</b>	CM15-0187141		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial-work injury on 10-23-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, neck pain, pain in thoracic spine, disorders of the sacrum, sciatica, psychogenic pain, chronic pain and cervical spondylosis. There is a history of back surgery in 2011. Medical records dated 8-10-15 indicates that the injured worker complains of chronic neck pain rated 7 out of 10 on the pain scale with radiation into the bilateral upper extremities with axial neck pain that is worse with rotational movements of the neck. The pain is worse in the morning and during cold weather. The objective exam is unremarkable. The physician indicates that with regard to the neck pain, the injured worker is status post multiple RFA's with excellent benefit. The most recent one from 5-7-13 did provide almost 1 year of pain relief. The medical records indicate worsening of the activities of daily living (ADL) due to neck pain. Per the treating physician report dated 8-10-15 the work status is permanent and stationary with restrictions. Treatment to date has included pain medication including Norco with 40 percent pain decrease and increased tolerance for walking and standing, Lidoderm patches and Flexeril, aqua therapy, previous cervical facet joint injection and other modalities. There are no diagnostic reports related to the cervical spine. The request for authorization date was 8-12-15 and requested services included bilateral permanent cervical facet injection C3-C6, Arthrogram and Fluoroscopic Guidance, IV sedation. The original Utilization review dated 8-28-15 non-certified the request for bilateral permanent cervical facet injection C3-C6, Arthrogram and Fluoroscopic Guidance, IV sedation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral permanent cervical facet injection C3-C6, Arthrogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet injections.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the previous injections has not produced documented 70% reduction in pain lasting 6-8 weeks and the request is for more than 2 levels. Therefore the request is not medically necessary.

### **Fluoroscopic Guidance, IV sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

