

<b>Case Number:</b>	CM15-0200080		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, California

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:

This is a 44-year-old female patient, with a reported date of injury of 11-08-2013. The diagnoses include right cervical facet joint pain at C5-6 and C6-7; cervical facet joint arthropathy; chronic neck pain; cervical disc protrusion; cervical stenosis; and cervical degenerative disc disease. Per the note dated 10/9/15, she had complaints of right cervical spine pain with radiation to the right upper extremity. Per the progress report dated 09-16-2015 she had complaints of right cervical spine pain with radiation to the right shoulder, right upper extremity, right wrist, and right hand. The objective findings include tenderness upon palpation of the right cervical paraspinal muscles overlying the right C5-6 and C6-7 facet joints; tenderness upon palpation of the right shoulder; restricted range of motion of the right shoulder by pain in all directions; positive right shoulder impingement signs, Neer's, and Hawkin's; cervical extension worse than the cervical flexion; and positive Spurling's maneuver on the right. The medications list includes Ibuprofen and Tramadol. Her past surgical history includes hiatus hernia repair in 2014 and hysterectomy in 2002. She had an MRI of the cervical spine on 07-27-2015 which showed no acute compression fracture, normal alignment, no disc herniation or spinal cord compression, or neural foraminal stenosis. She has had physical therapy for this injury. Details regarding physical therapy were not specified in the records provided. The treating physician recommended a fluoroscopically-guided diagnostic right C5-6 and C6-7 facet joint medial branch block to evaluation for the presence of right cervical facet joint pain as the reason for the injured worker's neck pain symptoms. The injured worker's work status was full-time and modified duty. The request for authorization was dated 09-16-2015. On 09-29-2015, Utilization Review (UR) non-certified the request for fluoroscopically-guided diagnostic right C5-6 and C6-7 facet joint medial branch block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic right C5-C6 and C6-C7 facet joint medial branch block to the right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck and Upper Back Chapter last updated 06/25/2015.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks.

**Decision rationale:** Fluoroscopically guided diagnostic right C5-C6 and C6-C7 facet joint medial branch block to the right. Per the cited guidelines, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." Per the ODG guidelines Facet joint diagnostic injections are "Recommended prior to facet neurotomy (a procedure that is considered under study). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." There is no high grade scientific evidence to support facet joint diagnostic block for this diagnosis. Per the records provided patient had cervical pain with radicular symptoms in the right upper extremity. The cited guidelines do not recommended facet block for patient with radicular pain. Details regarding previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Fluoroscopically guided diagnostic right C5-C6 and C6-C7 facet joint medial branch block to the right is not fully established for this patient at this juncture.