

<b>Case Number:</b>	CM15-0202594		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 53 year old male, who sustained an industrial injury on 11-30-2000. The injured worker is being treated for cervical facet syndrome and cervical spondylosis. Treatment to date has included multiple surgical interventions (cervical and thoracic C4-T1 spinal fusions x3), physical therapy, medications and cervical epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker reported chronic neck pain rated as 6-7 out of 10 that radiates down both arms to the hands, worse on the left. He has intermittent numbness and tingling in the thumb, index finger and middle finger, and worse on the left. Current medications include Tramadol, Lyrica, Gabapentin and naproxen. Objective findings included positive Spurling's maneuver that causes pain in the muscles of the neck with no radicular symptoms. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included medications, injections, and diagnostics. Authorization was requested on 9-21-2015 for C5, C6, and C7 facet blocks. On 9-28-2015, Utilization Review non-certified the request for C5, C6, C7 facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5, C6, C7 facet injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**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 diagnostic blocks.

**Decision rationale:** The claimant has a remote history of a work injury in November 2000 and has a history of a multilevel cervical fusion from C4 to T1. When seen, she was having neck pain rated at 6-7/10 with radiating symptoms into the arms to the hands, worse on the left side. Prior treatment had included catheter based epidural steroid injections which had not helped. She was having clicking and headaches. Physical examination findings included positive left shoulder impingement testing. There was neck pain without radicular symptoms with Spurling's testing. Cervical facet loading was positive. There was a normal neurological examination. Authorization for cervical medial branch blocks at C5, C6, and C7 was requested. Diagnostic cervical facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has complaints of bilateral radicular pain. The levels being requested would block the C5/6 and C6/7 levels where the claimant has had prior fusion surgery. For these reasons the request is not medically necessary.