

<b>Case Number:</b>	CM15-0203133		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 49-year-old female, with a reported date of injury of 04-24-2009. The diagnoses include neck pain, displaced cervical intervertebral disc, and brachial neuritis and radiculitis. The progress report dated 09-15-2015 indicates that the injured worker presented for follow-up on chronic neck pain and headaches. It was noted that the injured worker was considered permanent and stationary associated to this condition. The injured worker had a left C2-4 facet block, and it was noted that there was a delayed response to the injection, but the symptoms substantially improved following the injection and her headaches have resolved. The injured worker's neck pain was indicated to have minimized to a mild ache, and was rated 1 out of 10 (06-16-2015 and 09-15-2015). There were overall reports of increased function. The cervical spine examination showed tenderness in the paravertebral area of the cervical spine, flexion at 60 degrees with neck pain, extension at 50 degrees with increased pain, lateral rotation at 60 degrees with pain, positive facet loading and side bending maneuvers, intact sensation in both upper extremities, and neck pain with Spurling's maneuver. It was noted that facet blocks provided at least 80% improvement to pain, and a reduction of pain medications for five months; and the response was delayed by about three days. The diagnostic studies to date have included an MRI of the cervical spine on 02-28-2014, which showed status post anterior fusions of bodies of C4, C5, C6, and C7. Treatments and evaluation to date have included left L2-3 and C3-4 facet block on 03-05-2015, anterior cervical discectomy and fusion at C4-7, Tylenol, and NSAIDs (non-steroidal anti-inflammatory drugs). The request for authorization was dated 09-18-2015. The treating physician requested two (2) cervical spine facet injections at left C2-3, and C3-4. On 09-25-2015, Utilization Review (UR) non-certified the request for two (2) cervical spine facet injections at left C2-3, and C3-4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Spine Facet Injection Left C2-C3, C3-C4, QTY: 2: 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), Neck and Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

**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, Facet Joint Diagnostic Blocks.

**Decision rationale:** Per the ODG Guidelines with regard to facet joint diagnostic blocks: Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBB. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 27% to 63%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. 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. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Per the medical records submitted for review, the injured worker underwent left C2-C3 and C3-C4 facet injection on 3/5/15. The injured worker is also status post fusion from C4-C7. Per the citation above, the guidelines do not recommend repeat facet joint injections. If successful, treatment may proceed to facet neurotomy at the diagnosed levels. As the injured worker already underwent facet injection with note that symptoms substantially improved following that injection, the request is not medically necessary. Furthermore, the request for quantity 2 injections is not medically necessary.