MAXIMUS Federal Services

| Case Number: | CM15-0208868 | | |
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| Date Assigned: | 10/28/2015 | Date of Injury: | 02/02/2006 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

## 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 66 year old male who sustained an industrial injury February 2, 2006. Past history included hypertension, (2) right knee surgeries 2005, 2007, and pelvis surgery 2006. Diagnoses are facet arthritis C4-5, C5-6 and C6-7; 5-6mm bulging disc L1-2. According to a primary treating physician's initial report dated September 22, 2015, the injured worker presented with complaints of severe neck pain constant and unchanged, rated 8 out of 10, radiating into neck hand hip and knee (unspecified) with weakness and numbness. He also reported back pain, rated 8-9 out of 10, radiating into the hand hip and knee (unspecified), with weakness and numbness. Current medication included ibuprofen, Tramadol, and Oxycodone. The physician documented; an MRI of the cervical spine in 2015, showed facet arthritis C4-5, C5-6 and C6-7 with mild foraminal stenosis; and an MRI of the lumbar spine 2014, showed a 5-6 mm bulging disc at L1-2. Objective findings included; neck- flexion and extension 70 degrees; back- spasms, flexion 40 degrees, extension 10 degrees, straight leg raise negative. At issue, is a request for authorization dated October 5, 2015, for facet block injections C4-C7 (a previous request for facet injections C4-C7 was denied in April 2015). An MRI of the cervical spine dated July 3, 2014 (report present in the medical record) impression; uncovertebral spurring and facet arthropathy contributes to mild to moderate right C3-C4, mild to moderate bilateral C4-C5 and C5-C6, and moderate bilateral C6-C7 neural foraminal stenosis; disc and osteophyte disease results in ventral cord effacement and mild C5-C6 spinal canal stenosis; additional ventral cord effacement without canal narrowing at C4-C5. No focal cord signal abnormality; multilevel facet disease. According to utilization review dated October 13, 2015, the request for Facet Block Injections at C4-5, C5-6 and C6-7 with fluoroscopy and conscious sedation is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block injections at C4-5, C5-6, and C6-7 with fluro and cins. sed. at outpatient facility:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Neck and Upper Back Chapter , Facet joint diagnostic blocks (injections).

**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 request is for more than 2 joint levels. Therefore the request is not medically necessary.