

<b>Case Number:</b>	CM15-0025062		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a work related injury on 7/5/13. The diagnoses have included bilateral carpal tunnel syndrome and cervical disc disease. Treatments to date have included cervical epidural steroid injections, oral medications, physical therapy to neck, and electrodiagnostic study. In the PR-2 dated 12/11/14, the injured worker complains of right elbow pain. She complains of bilateral hand numbness and tingling in fingers. She has decreased range of motion in elbows, forearms, wrists and hands. On 1/16/15, Utilization Review non-certified a request for bilateral facet joint injections at C5-6 and C6-7. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral facet joint injection at C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, 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 Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** Based on the 11/11/14 progress report provided by treating physician, the patient is status post multi vehicle accident on 07/05/14 and presents with neck pain rated 5/10. The request is for BILATERAL FACET JOINT INJECTION AT C5-C6 AND C6-C7. Patient's diagnosis on 11/11/14 included cervical spondylolisthesis, cervical degenerative disc disease, and carpal tunnel syndrome. Per progress report dated 12/11/14 treater states the patient "has been treated for cervical disk disease with epidural steroid injections, which have provided complete temporary relief on occasion." Patient's medications include Glucophage, Zocor, Prinivil and Zestril. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "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). 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). 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." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per progress report dated 12/11/14, treater states "at this point, [the patient] is reluctant to pursue treatment for carpal tunnels due to the success of epidural steroids. It is my opinion that she is experiencing double crush phenomenon. She would like to return to [REDACTED] for further epidural steroid injections and consideration of carpal tunnel release in the future." In this case, treater has documented previous epidural steroid injections, but reason for requesting facet joint injection has not been discussed. The patient has radicular symptoms with 11/11/14 examination showing no paravertebral tenderness or facet joint tenderness. There is no clear documentation of facet joint pain with physical examination findings to warrant the procedure. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.