

<b>Case Number:</b>	CM15-0214566		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/13/2001
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii

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 53 year old female who sustained an industrial injury on 12-31-01. A review of the medical records indicates that the worker is undergoing treatment for cervical spine disease including multiple level disc and facet disease and foraminal stenosis, cervicgia with bilateral cervical radiculitis, cervical facet arthropathy C5-C6 and C6-C7 levels. Subjective complaints (10-15-15) include persistent neck pain on both sides of the cervical spine with intermittent radicular pain. Objective findings (10-15-15) include "moderately" limited cervical range of motion in flexion, extension, and rotation, tenderness to palpation over the cervical paraspinous regions, particularly C5-C6 and C6-C7 facet joints. Pain is exacerbated with cervical extension and facet loading. Decreased sensation of right C6 and C7 distributions as compared to left is noted. An MRI impression (9-17-10) reveals degenerative change C3-4 disk with a 3mm dorsal spondylitic ridge, slightly more prominent on the left, degenerative disk disease C4- 5 with a 3mm central and right lateral disk bulge which abuts the ventral surface of the cervical cord, degenerative disk disease C5-6 with a 3mm predominantly central and right lateral dorsal spondylitic ridge with mild left and mild right nerve root canal encroachment, degenerative disk disease C6-7 with a 2mm right paracentral disk bulge-spur, degenerative disk disease C7-T1 with a 1.5mm dorsal spondylitic ridge. Previous treatment includes cervical discectomy and fusion, physical therapy, epidural injections, and facet rhizotomy (most recently in 2010). The plan is facet injections of the bilateral C5-C6 and C6-C7 levels under fluoroscopic guidance. A request for authorization is dated 10-19-15. The requested treatment of cervical facet injection-bilateral C5-6 and C6-7 was non-certified on 10-26-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical facet injection bilateral C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.html#Facetjoinjections>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, facet injections.

**Decision rationale:** The records indicate the patient has complaints of ongoing neck pain and intermittent radicular pain. The current request is for cervical facet injection C5-6 and C6-7. The 10/15/15 progress report, page (39b), states I would recommend proceeding with facet injections of the bilateral C5-6 and C6-C7 levels under fluoroscopic guidance. The ODG does not recommend facet injections, but the criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet generated pain. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing aradiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the patient's injury dates back to 2001. The records indicate that the patient has undergone spinal surgery in the form of discectomy and fusion between C4 and C7. The records indicate the patient has complaints of radicular pain and carries a diagnoses of cervical radiculitis. As such the request is not consistent with ODG guidelines and is not medically necessary.