

<b>Case Number:</b>	CM15-0045779		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, Florida

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 59 year old female injured worker suffered an industrial injury on 11/5/2008. The diagnoses were lumbar radiculopathy, right shoulder impingement syndrome, neck pain, migraine headaches, right and left knee osteoarthritis. The diagnostic studies were lumbar MRI. There was diagnosis of C5-6 and C6-C7 disc bulge with foramina stenosis but the MRI report was not provided. The treatments were lumbar nerve block, occipital nerve blocks and medications. The treating provider reported the right shoulder had reduced range of motion with crepitus and pain during movement along with tenderness. There was cervical spine restricted range of motion with tenderness with tight muscles and positive trigger points. The requested treatment was bilateral cervical facet block, C5-C6. The medications listed are Percocet, Fentanyl patch, Lyrica, Lidoderm, Naprosyn, Imitrex, Irphenadrine, Topamax and Nexium. A Utilization Review determination was rendered recommending non certification for bilateral C5-C6 cervical facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical facet block, C5-C6:** 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, facet joint therapeutic steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS did not address the use of facet injections for the treatment of neck pain. The ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of non radicular neck pain when conservative treatments with medications and PT have failed. The records did not show subjective, objective or radiological findings consistent with a diagnosis of cervical facet syndrome. There was documentation of multilevel disc bulges and foramina stenosis of the cervical spine which is indicative of cervical radiculopathy. There was no documentation of radiological evidence of facet arthropathy and positive provocative tests indicating facet syndrome. The criteria for bilateral C5-C6 facet blocks was not met. Therefore this treatment is not medically necessary.