

<b>Case Number:</b>	CM15-0046777		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 66 year old female, who sustained an industrial injury on 11/19/2001. The injured worker is currently diagnosed as having lumbar spinal stenosis, cervical degenerative disc disease, pain in hip joint, shoulder tendinitis, and shoulder rotator cuff tear. Treatment to date has included lumbar and cervical spine MRI, epidural injections, physical therapy, home exercise program, anti-inflammatory medications, and opiate analgesics. In a progress note dated 10/21/2014, the injured worker presented with complaints of constant cervical and back pain. The treating physician reported recommending bilateral L5 transforaminal epidural injection to treat her stenosis and pain and a bilateral C5-6 and C6-7 facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet injection at the C5-C6 and C6-C7 levels:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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:** I respectfully disagree with the UR physician. The progress note dated October 21, 2014 indicates the presence of facet arthropathy at C5 - C6 on objective studies and tenderness along the cervical spine facet joints. Cervical spine pain has previously not been controlled with physical therapy, activity modification, anti-inflammatory medications, and opiate analgesics. Considering the injured employee's complaint of cervical spine pain, objective studies, physical examination findings, and the guideline recommendations, this request for bilateral facet injections at C5 - C6 and C6 - C7 is medically necessary.