

<b>Case Number:</b>	CM15-0052284		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	04/17/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 72-year-old male, who sustained an industrial injury on 4/17/1998. Diagnoses have included chronic pain due to trauma, post-laminectomy syndrome of cervical region, cervicgia and facet arthropathy. Treatment to date has included C4-T1 anterior fusion, spinal cord stimulator (SCS) and medication. According to the progress report dated 2/25/2015, the injured worker complained of back pain that radiated to the left ankle, left arm, left calf, left foot and left thigh. He complained of left sided upper cervical facet and occipital nerve pain. He had responded well to facet injections twice in the past. Exam of the cervical spine revealed tenderness, crepitus, and pain with facet loading maneuvers. The treatment plan was for a cervical facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injection C2-3, C3-4 bilaterally under IV sedation:** 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, 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 (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic neck pain. Treatments have included a multilevel anterior cervical decompression and fusion. Prior facet blocks above the level of the fusion have been done twice with reported benefit. Guidelines recommend that if there is prolonged evidence of effectiveness obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. In this case, the previous two injections were reported to have been of benefit. Therefore performing a third therapeutic medial branch block procedure is not medically necessary.