

<b>Case Number:</b>	CM15-0058950		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old male who sustained an industrial injury on 9/11/02 resulting in chronic left-sided upper neck pain, posterior headaches with radiation to the back of the head and left eye. He currently complains of progressive upper neck pain and posterior headaches with neck cracking and muscle spasms. Medications are Soma, Methadone, and hydrocodone. Medications provide functional gains such as assisting with activities of daily living, mobility and restorative sleep. Diagnoses include disorder of the trunk; cervical post-laminectomy syndrome; lumbar post-laminectomy syndrome; headaches; primary fibromyalgia syndrome; displacement of cervical and lumbar intervertebral disc without myelopathy; brachial neuritis. In the progress note dated 2/3/15 the treating provider's plan of care requests one facet injection left upper facet joint C2-3 noting the symptoms of left upper neck pain and pain in the back of the head are consistent with upper facet injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One facet injection at the upper left joint C2-3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Facet Injection.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one facet injection at the upper left C2 - C3 is medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are disorder of trunk; cervical post laminectomy syndrome; lumbar post laminectomy syndrome; headache; myalgia and myositis; displacement cervical intervertebral disc without myelopathy; brachial neuritis; and displacement of lumbar intervertebral disc without myelopathy. Subjectively, according to a February 3, 2015 progress note, the injured worker has chronic left-sided upper neck pain and posterior headaches. The symptoms are consistent with upper facet injuries. There is tenderness over the left upper lateral pillar/facet joints. Conservative measures have not helped including physical therapy. Objectively, there is no radiculopathy noted. The neurologic evaluation is otherwise unremarkable. The documentation appears to indicate the treating provider met the criteria for a facet joint injection at C2 - C3. Consequently, based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one facet injection at the upper left C2 - C3 joint space is medically necessary.