

<b>Case Number:</b>	CM15-0081268		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old female, who sustained an industrial injury on 02/22/2011. According to a progress report dated 03/23/2015, the injured worker was disabled due to neck pain. Pain was rated 7 on a scale of 1-10 at best and 8 most of the time. According to the provider, pseudarthrosis persisted at the C5-6 level and may be the cause of her symptoms. She also had disc protrusion at other levels. Verification was recommended by injecting the facets at the C5-6 segment. Diagnoses included failed surgery cervical spine, disc protrusion cervical spine and pseudarthrosis cervical spine. Treatments have included surgery, therapy, functional restoration program, MRI and medications. Recommendations included facet block C5-6. Currently under review is the request for a facet block C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block C5-6, one (1):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, facet joint diagnostic blocks section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical Management of Low Back Pain By Daniel K. Resnick, American Association of Neurological Surgeons Page 17.

**Decision rationale:** MTUS and ODG Guidelines do not adequately address this particular issue i.e. evaluating and known psuedoarthrosis as a pain generator with a diagnostic block. There is textbook support for such an approach when other methods have failed. This is a complicated issue as this patient has several other potential pain generators in the cervical spine and it is reasonable to try to improve the level of certainty regarding the pain generator prior to a possible second surgery. Under these circumstances, the requested facet lock C5-6 is medically necessary.