

<b>Case Number:</b>	CM15-0081953		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/03/2015
<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: Massachusetts

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 70 year old male, who sustained an industrial injury on 2/13/01. The injured worker was diagnosed as having cervical facet syndrome, cervical pain, cervical disc degeneration, hip bursitis, lumbar disc degeneration and cervical disc disorder. Treatment to date has included oral medications including narcotics, topical medications, physical therapy, TENS unit and home exercise program. Currently, the injured worker complains of neck pain, bilateral upper extremity pain and left shoulder pain unchanged since previous visit; rated 4/10 with medications and 9/10 without medications. Physical exam noted tenderness at trapezius with restricted cervical range of motion, tenderness of palpation of paravertebral muscles with hypertonicity, trigger point and restricted range of motion; restricted range of motion of left shoulder with tenderness on palpation of biceps groove; right elbow tenderness to palpation over the olecranon bursa, left wrist restricted range of motion and left hip tenderness over the trochanter. The treatment plan included continuation of physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet injection left C3, C4, and C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical (acute and chronic), Facet Injections.

**Decision rationale:** According to the ODG, the criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to injured workers with pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The injured worker should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] According to the documents available for review, the IW also complains up upper extremity pain and carries a diagnosis of cervical radiculopathy. The guidance from ODG indicates the facet injections should not be performed on IW with radicular complaints. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.