

<b>Case Number:</b>	CM15-0084543		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on 07/09/2011. Diagnoses include cervicobrachial syndrome, neck pain, cervical spinal stenosis, right C7 radiculopathy, pain in shoulder joint , and status post right shoulder arthroscopy. Treatment to date has included diagnostic studies, medications, psychology sessions, cervical epidural injections, physical therapy, and home exercise program. A physician progress note dated 03/04/2015 documents the injured worker presents with chronic neck, shoulder and upper extremity pain. She is having an increase in headaches and difficulty sleeping. She report that her medications overall do help to reduce pain and allow for better function. On examination, the cervical spine reveals tenderness to palpation, right sided neck with significant muscle tension extending into the right upper trapezius muscle. There is also tenderness to palpation over the right sided facet joints. Range of motion is decreased by 20% with flexion, 30% with extension and 20% with rotation bilaterally. Axial loading of the cervical facets were positive for pain. Cervical Magnetic Resonance Imaging done 06/27/2014 reveals moderately severe facet hypertrophy at C5-C6, and C6-C7 levels. Electromyography reveals right C7 radiculopathy. Treatment requested is for Arthrogram under fluoroscopic guidance and IV sedation and right cervical facet nerve block at C5/6 and C6/7, first level x 1, second level x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cervical facet nerve block at C5/6 and C6/7, first level x 1, second level x 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. 2015. Criteria for the use of diagnostic blocks for facet nerve pain.

**Decision rationale:** MTUS and ACEOM guidelines do not address this request, and therefore ODG guidelines were referenced. The ODG states that this procedure is recommended in patients with non-radicular pain and pain at no more than 2 levels bilaterally. This patient is noted to have positive axial loading and pain that is diffuse to the entire right upper extremity. ODG guidelines have not been satisfied. This request is not considered medically necessary.

**Arthrogram under fluoroscopic guidance and 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. 2015. Criteria for the use of diagnostic blocks for facet nerve pain.

**Decision rationale:** MTUS and ACEOM guidelines do not address this request, and therefore ODG guidelines were referenced. An arthrogram under fluoroscopic guidance is being requested. The right cervical facet nerve block was found not to be medically necessary. ODG guidelines note that IV sedation may be grounds to negate the effects of a nerve block. Likewise, this request is not found to be medically necessary.