

<b>Case Number:</b>	CM14-0173857		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old female who was injured on April 24, 2014. The patient continued to experience neck pain, which radiates into the right arm and low back pain, which radiates into the right leg. Physical examination was notable for pain on cervical range of motion, bilateral C6-V7 radicular pain, positive impingement of the right shoulder, spasm of the lumbar muscles, and normal sensation of the lower extremities. Diagnoses included lumbar radiculopathy, cervical radiculopathy, C5-6 and C6-7 herniated nucleus pulposus, and right shoulder impingement. Treatment included medications, physical therapy, lumbar spinal injections, and shoulder injections. Request for authorization for cervical facet blocks at C5-6 and C6-7 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Blocks C5-6 and C6-7:** 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 and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint therapeutic steroid injections

**Decision rationale:** Facet joint therapeutic steroid injections are not recommended. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is documentation that the patient has radicular pain. Criteria for facet joint injections have not been met.