

<b>Case Number:</b>	CM14-0197256		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 42-year-old male with a date of injury of 05/23/2011. According to progress report dated 11/07/2014, the patient presents with continued neck and left shoulder pain. Patient rates the pain as 5/10 on a pain scale. The pain is characterized as aching and radiates to the left hand. Examination of the cervical spine revealed restricted range of motion on all planes. On examination of paravertebral muscles, spasms and tenderness is noted on the right side. Spurling's test is negative. Cervical facet loading is positive on the right side and negative on the left. On sensory examination, light touch sensation is decreased over the lateral forearm on the left side. Report 10/24/2014 notes that the patient had a cervical epidural injection in September which has helped with the numbness and tingling symptoms. The listed diagnoses are: 1. Rotator cuff sprain/strain. 2. Brachial neuritis or radiculitis. 3. Cervicalgia. 4. Spasm of muscle. Treating physician states that the patient is a candidate for a facet joint injection a.k.a. medial branch block. The utilization review denied the request on 11/20/2014. Treatment reports from 01/14/2014 through 11/14/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at C4-5, C5-6, and C6-7 right facet joint injections:** 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) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks

**Decision rationale:** This patient presents with neck pain. The current request is for medial branch block C4-C5 right facet joint injection. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, " (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. In this case, recommendation cannot be made as the patient presents with neck pain that radiates into the left hand. The ODG guidelines support facet diagnostic injections for axial neck pain, with no radicular symptoms. The current request is not supported by the ODG guidelines and is not medically necessary.

**Medial branch block C5-6 right facet joint injection:** 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) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** This patient presents with continued neck pain. The current request is for medial branch blocks C5-C6 right facet joint injection. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, " (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. In this case, recommendation cannot be made as the patient presents with neck pain that radiates into the left hand. The ODG guidelines support facet diagnostic injections for axial neck pain, with no radicular symptoms. The current request is not supported by the ODG guidelines and is not medically necessary.

**Medial branch block C6-7 right facet joint injection:** 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) Neck and Upper Back (Acute & Chronic) Chapter, Facet joint diagnostic blocks.

**Decision rationale:** This patient presents with continued neck pain. The current request is for medial branch block C6-C7 right facet joint injection. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as, " (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. In this case, recommendation cannot be made as the patient presents with neck pain that radiates into the left hand. The ODG guidelines support facet diagnostic injections for axial neck pain, with no radicular symptoms. The current request is not supported by the ODG guidelines and is not medically necessary.