

<b>Case Number:</b>	CM14-0218409		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: New Jersey  
 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:

This is a 44 year old female worker who injured her neck and upper extremities throughout the course of her employment. The date of injury was noted as March 17, 2014. Diagnoses included C4-5, C5-6 discogenic neck pain with radiculopathy, right index trigger finger, right elbow lateral epicondylitis and right carpal tunnel syndrome with negative electrodiagnostic studies. On November 24, 2014, the injured worker complained of neck pain and right forearm pain and numbness. Physical examination of the spine revealed paracervical muscle tenderness. Facet loading was positive for pain in the cervical region. Cervical axial traction provoked her pain. Range of motion of the cervical spine showed flexion at 30 degrees, extension 30 degrees, lateral bending 30 degrees and rotation 45 degrees. MRI findings included disc protrusion of C4-5 and C5-6. The treatment plan included medications, physical therapy and acupuncture treatment. A request was made for facet block cervical spine left C4-5, C5-6 and cold therapy unit purchase. On December 16, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block cervical spine Left C4-5, C5-6:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back section, facet joint diagnostic blocks

**Decision rationale:** The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker there was no significant evidence for cervical radiculopathy based on imaging and physical examination and evidence of facet joint disease and pain based on the loading tests being positive throughout the cervical area, according to the note submitted for review. In the opinion of the reviewer there seems to be no reason to not approve a diagnostic facet block based on the worker meeting criteria, therefore, the facet block cervical spine left C4-5 and C5-6 will be considered medically necessary and appropriate.

**Cold Therapy Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Upper back and neck section, Cold packs

**Decision rationale:** The MTUS ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. Also, the ODG states that cold pack are recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by

applications of heat packs to suit patient. Cold therapy units are not recommended over more simple and inexpensive cold packs. Therefore, the cold therapy unit is not medically necessary.