

<b>Case Number:</b>	CM15-0003255		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old male, with a reported date of injury of 05/16/2007. The diagnosis includes tension-type headache. Treatments have included an MRI of the cervical spine on 08/06/2014, which showed mild discogenic disease at C3-6, mild-to-moderate central spinal stenosis at C3-6, right and central protrusions and borderline developmental central spine stenosis, moderately severe neuroforaminal stenosis on the left at C3-4 and on the right at C4-5; and bilateral degenerative facet arthropathy at C4-5 and C7-T1. The medical report dated 11/05/2014 indicates that the injured worker complained of upper extremity pain in his neck, shoulders, and arms. There was no documentation of objective findings of the cervical spine. The treating physician requested the cervical facet blocks to rule out cervicogenic headaches, referred pain into the neck, shoulders, and upper back. On 12/08/2014, Utilization Review (UR) denied the request for a bilateral cervical facet block C2-3 through C7-T1, noting that there was a lack of a clear diagnosis, and the guidelines indicate that imaging findings are not sufficient and not reliable for the diagnosis of facet-generated pain. The MTUS Guidelines and the Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet block bilateral C2-C3 through C7-T1: 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)

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

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and lower extremity. The patient is s/p spinal cord stimulator on 09/15/14. The request is for CERVICAL FACET BLOCK BILATERAL C2-C3 through C7-T1. According to ODG guidelines, Neck and Upper back Chapter, facet joint diagnostic blocks, <http://www.odg-twc.com/odgtwc/neck.htm#Protocol>) recommends facet joint injections prior to facet neurotomy. The criteria for facet joint therapeutic steroid injections are: - Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.- There is documentation of failure of conservative treatment --including home exercise, PT and NSAIDs-- prior to the procedure for at least 4-6 weeks.- No more than 2 joint levels are injected in one session --see above for medial branch block levels--.In this case, the treater requested cervical facet blocks on 11/05/14 to rule out cervicogenic headaches, cervicogenic referred pain into the neck, shoulders and upper back. However, ODG guidelines do not support facet evaluation when significant radicular symptoms are present or when there is positive sensory findings. This patient appears to present with significant radiating symptoms into the arms. Furthermore, the request is for some 6 levels of facet joints and ODG does not recommend evaluating more than 2 levels. The requested facet blocks IS NOT medically necessary.