MAXIMUS Federal Services

| Case Number: | CM15-0010882 | | |
|---|---|---|---|
| Date Assigned: | 01/28/2015 | Date of Injury: | 03/26/2004 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/20/2015 |

## 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 63 year old woman, who sustained an industrial injury on 3/26/2004. The current diagnoses are cervical discogenic disease, cervical radiculopathy, and cervical facet arthrosis. Currently, the injured worker complains of chronic cervical neck pain. Current medications are Norco, Anaprox DS, Prilosec, Zofran, and Laxacin. Treatment to date has included medications and physical therapy. The treating physician is requesting cervical facet blocks C3-C7, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for cervical facet blocks C3-C7. The California MTUS ACOEM 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 blocks C3-C7:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & upper back chapter, Facet joint diagnostic blocks, Facet joint pain, signs & Symptoms

**Decision rationale:** Per the 11/05/14 report, the patient presents with chronic cervical neck pain, bilateral shoulder pain and chronic lower back pain. The current request is for Cervical Facet Blocks per the 11/05/14 report. The RFA is not included. Recent reports do not state if the patient is currently working.ODG, Facet joint diagnostic blocks, Facet joint pain, signs & Symptoms states, "Recommended prior to facet neurotomy (a procedure that is considered 'under study')" Criteria include: Limited to non-radicular cervical pain and no more than two levels bilaterally. ODG further states, "Physical findings: Signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. Characteristics are generally described as the following: (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. If radiation to the shoulder is noted pathology in this region should be excluded" Examination of the cervical spine on 11/05/14 reveals spasm, pain and decreased range of motion along with facet tenderness and tenderness to palpation over the cervicotrapezial ridge. Sensation is decreased at C5-7 on the left and there is bilateral arm pain and pain with axial compression. The treater states this request is for facet blocks bilaterally due to cervical facet disease, decreased range of motion and pain with rotation and extension. In this case, guidelines state this procedure is limited to non-radicular cervical pain and no more than two levels bilaterally. The patient has a diagnosis of cervical radiculopathy, pain past the shoulder arm pain with decreased sensation is noted, and the request is for more than two levels C3-4, C4-5, C5-6 and C6-7. The request IS NOT medically necessary.