

<b>Case Number:</b>	CM15-0014389		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/03/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

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 55-year-old male who reported an injury on 11/03/2001. The injured worker was reportedly struck by a framing wall. The current diagnoses include cervical spondylosis, degenerative disc disease in the cervical spine, and myofascial pain syndrome. The injured worker presented on 12/10/2014 for an initial pain management consultation. The injured worker reported dorsal neck pain with intermittent radiation to the left ear and parietal head. The injured worker also reported weekly severe headaches. Previous conservative treatment includes physical therapy, chiropractic treatment, acupuncture, and epidural injections. The current medication regimen includes ibuprofen 800 mg. Upon examination, there was tenderness to palpation over the left lateral mass at the superior most segments, tenderness at the left paraspinal musculature and trapezius, mass triggering with radiating pain to the left ear and parietal head, normal range of motion, 5/5 motor strength, and intact sensation. Recommendations included a left C2-3 facet joint injection. A Request for Authorization form was then submitted on 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Diagnostic Facet Block at Left C2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic block.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs, and symptoms. In this case, there was no evidence of facet mediated pain upon examination. It was also noted that the injured worker has reported an improvement in symptoms as well as a restoration of function with prior manipulation treatment. The guidelines recommend a facet joint diagnostic block following a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Given the above, the current request is not medically appropriate in this case.