

<b>Case Number:</b>	CM15-0115019		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of headaches and mood disturbance reportedly associated with an industrial injury of March 6, 2012. In a Utilization Review report dated June 12, 2015, the claims administrator conditionally approved request for cervical facet injections as cervical facet injections at the C2-C3 and C3-C4 levels. The claims administrator referenced a June 4, 2015 RFA form and associated progress note of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and bilateral upper extremity pain with associated upper extremity paresthesias. The applicant had undergone three prior shoulder surgeries. The applicant was on Cymbalta, naproxen, and Ditropan, it was reported. The applicant recently discontinued Topamax as she did not feel the same was effectual. 4/5 bilateral upper extremity strength was appreciated with hyposensorium noted about both upper extremities. The attending provider also noted that the applicant had electro diagnostically confirmed carpal tunnel syndrome and multilevel spondylolytic changes noted on cervical MRI imaging. Cervical facet injections were proposed at the C2-C3 and C3-C4 levels. The applicant was placed off of work, on total temporary disability. Lidoderm patches were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Injection bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** No, the request for bilateral cervical facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections of corticosteroids are deemed "not recommended" in the evaluation and management of applicants with neck and upper back complaints, as were/are present here. In this case, it is further noted that there was a considerable lack of diagnostic clarity present on or around the date of the request, June 1, 2015. The applicant was given diagnoses of suspected cervical radiculitis/brachial radiculitis, displaced cervical intervertebral disk with radiculopathy, moderate carpal tunnel syndrome, and mechanical shoulder pain status post three prior left shoulder surgeries. The applicant's presentation was not, thus, suggestive of facetogenic or discogenic neck pain for which the cervical facet injections in question could have been considered. Therefore, the request was not medically necessary.