

<b>Case Number:</b>	CM15-0127063		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/19/2004
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, California

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:

The injured worker is a 56 year old male who sustained an industrial injury on 10/19/04. Progress note dated 6/1/15 reports continued discomfort and pain in his neck. Facet block done 5 months ago has provided 60-70% improvement. Headaches have started and the pain is coming back in his neck. Diagnosis include: facet syndrome, C3-C4 and herniated disc. Plan of care includes: facet block at C2-C3. Work status: return to work light duties. The patient sustained the injury due to MVA. The patient's surgical history include cervical fusion in 2007. The patient has had X-ray of the cervical spine in 2012 that revealed post surgical changes. Patient has received an unspecified number of PT visits for this injury. Patient had received cervical facet joint injection 5 months ago for this injury. Per the note, dated 6/1/15 patient had complaints of pain in the cervical region and headache. Physical examination of the of the cervical region revealed full ROM, no tenderness on palpation, negative Spurling's test, normal strength, sensation and reflexes. Any operative note was not specified in the records specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical facet block at levels C2-C3: Upheld**

**Claims Administrator 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, 11th edition, web, Neck & Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks Facet joint therapeutic steroid injections Facet joint radiofrequency neurotomy.

**Decision rationale:** 1 cervical facet block at levels C2-C3. CA MTUS does not address facet injections. Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway." There should be no evidence of radicular pain, spinal stenosis, or previous fusion. "Facet joint radiofrequency neurotomy: Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." "Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." Per the note dated 6/1/15 physical examination of the of the cervical region revealed full ROM, no tenderness on palpation, negative Spurling test, normal strength, sensation and reflexes. Significant functional deficits on physical examination that would require cervical facet block at levels C2-C3 were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient had received cervical facet joint injection 5 months ago for this injury. Any evidence of pain relief for at least 12 weeks at 50% relief following previous cervical facet joint injection was not specified in the records provided. The medical necessity of the request for cervical facet block at levels C2-C3 is not fully established in this patient.

