

<b>Case Number:</b>	CM15-0176212		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female who sustained an industrial injury on 02-18-2005. She reported pain in the neck and right shoulder. Records show that the injured worker was being treated for status post anterior cervical discectomy and fusion C4 through C7 with residual cervical kyphosis, thoracic outlet syndrome status post release, multilevel foraminal stenosis at C3-C4, C4-C5, C5-C6, C6-C7 and C7-T1, presumed facet syndrome and rule out incomplete fusion. Treatment to date has included physical therapy, acupuncture, multiple surgeries and cortisone injection to the right shoulder. An authorization request dated 06-15-2015 was submitted for review. The requested services included facet block C2-C3 and C3-C4. According to a progress report dated 07-10-2015, the injured worker presented with "fairly significant neck and arm pain". She had a lot of headaches. The facet blocks that had been recommended had not yet been performed. Objective findings included diffuse tenderness on the right side of the cervical spine more than on left than the upper, middle and lower aspects of the cervical spine along C3 through C7. She did have hyperesthesia in the bilateral upper extremity more so on the right side than on the left. She did have pain directly into the right shoulder and right bicep. Motor strength demonstrated diffuse give away on the right side and the deltoids, biceps and triceps as well as wrist flexors due to both neurologic deficit and weakness. Diagnoses included status post cervical fusion C4 through C7, history of thoracic outlet syndrome, residual cervical kyphosis, pseudoarthrosis C6-C7, facet mediated pain C2-C3, C3-C4. The treatment plan included a C2-C3, C3-C4 facet block to better determine what percentage of her pain emanated from this area prior to a series of cervical selective nerve root blocks. The injured worker was to remain off work. On 08-14-2015, Utilization Review non-certified the request for C2-3, C3-4 facet block injection #2.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C2-3, C3-4 facet block injection #2: 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), Neck and Upper Back Chapter, Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, C2-C3 and C3-C4 facet block injections #2 are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are status post cervical fusion C4 through C7; history of thoracic outlet syndrome; residual cervical kyphosis; pseudo-arthrosis C6- C7 and facet mediated pain C-2-C3 and C3-C4. Date of injury is February 18, 2015. Request for authorization was August 11, 2015. According to the progress note dated July 10, 2015, subjective complaints include neck and arm pain. A facet block was recommended at C2-C3 and C3-C4 but the facet block has not been performed. The utilization review indicates the facet block at C2-C3 and C3-C4 was certified, but not yet performed. There is no clinical indication for a second set of facet blocks at C2-C3 and C3-C4. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with certification (according to the UR) of the facet block at C2-C3 and C3-C4 and no clinical indication or rationale for a second set of facet blocks, C2-C3 and C3-C4 facet block injections #2 are not medically necessary.