

<b>Case Number:</b>	CM15-0020020		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old male who reported an injury on 02/16/2005. The mechanism of injury was not stated. The injured worker is diagnosed with C4-7 ACDF. On 10/27/2014, the injured worker presented for a follow-up evaluation with complaints of neck pain. There was no physical examination provided for review. The provider indicated that a CT scan performed on 10/22/2014 revealed a solid fusion with no evidence of stenosis. There was degenerative disc disease and facet arthropathy at C3-4 and C7-T1. Treatment recommendations included cervical facet blocks. A Request for Authorization form was then submitted on 01/05/2015 for a facet block at C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Facet Block Injection C7-T1: 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 (ODG), Treatment Index, 11th Edition, 2014-Neck & Upper Back/Facet Joint Therapeutic Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. 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. There was no physical examination provided on the requesting date. Therefore, there is no evidence of facet-mediated pain upon examination. There was no documentation of a recent failure of conservative treatment. Given the above, the request is not medically appropriate.