

<b>Case Number:</b>	CM15-0026152		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Hawaii  
 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 37-year-old male injured worker suffered and industrial injury on 8/4/2011. The diagnoses were cervical disc disorder, lumbar disc disease and sprain/strain ankle. The diagnostic studies were cervical and lumbar magnetic resonance imaging and electromyography. The treatments were back brace, hot and cold wraps, physical therapy, cervical collar, TENS and surgical intervention to the shoulder. The treating provider reported the injured worker still had pain going down the right lower extremity with tenderness of the lumbar spine and iliac crest with decreased sensation. The Utilization Review Determination on 1/23/2015 non-certified Injection Facet (unknown levels), citing MTUS, ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection - Facet (unknown levels):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with tenderness upon palpation of the lumbar paraspinal muscles, bilateral sacroiliac joint sulcus and cervical paraspinal muscles overlying the C4-C5, C5-C6, and C6-C7 facet joints. The current request is for injection facet (unknown levels). The treating physician states on 12/19/14 (B28) kindly authorize the facet injection that [REDACTED] wants to provide. On 11/19/14, (B43) [REDACTED] report specifically requests a fluoroscopically-guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch block to evaluate for the presence of cervical facet joint pain as the reason for the patients neck pain symptoms. ACOEM Guidelines page 174 states: There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ACOEM Guidelines make reference to diagnostic facet injections. No additional discussions are provided in ACOEM regarding cervical facet joint evaluation. ODG provides more thorough discussion regarding this request. For diagnostic evaluation of cervical facet joints the patient must present with normal sensory examination, absence of radicular findings, but tenderness to palpation of the paravertebral areas over the facet joints must be present. There also needs to be documentation of failure of conservative treatments and no more than two joint levels can be addressed. In this case, the treating physician's request for left C4-C5 and left C6-C7 medial branch blocks, along with documentation of tenderness upon palpation of the cervical paraspinal muscles, lack of cervical radiculopathy, the patients failure of physical therapy, NSAIDs and conservative treatments satisfies ODG criteria. The current request is medically necessary and the recommendation is for authorization.