

<b>Case Number:</b>	CM15-0040636		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

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 injured worker is a 49-year-old female who reported an injury on 09/20/2011. The mechanism of injury was not stated. The current diagnoses include low back pain, moderate cervical disc herniation, acute C5-6 radiculopathy, status post ACDF at C5-6, and complaints of anxiety/depression. The injured worker presented on 02/11/2015 for a followup evaluation with complaints of persistent neck pain. The injured worker also reported ongoing spasms radiating into the bilateral shoulders. The injured worker was utilizing Norco for pain relief. Upon examination, there was tenderness to palpation, 45 degrees flexion, 20 degrees extension, 30 degrees right and left lateral bending, 50 degrees right rotation, and 45 degrees left rotation. There was reduced sensation in the right upper extremity with 5/5 motor strength. Recommendations at that time included a medial branch facet block at C4-5. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Branch facet blocks: Bilaterally C4-5:** 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), Facet joint diagnostic blocks.

**MAXIMUS 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) Neck & Upper Back Chapter, Facet joint diagnostic block.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines recommend a facet joint diagnostic block when the clinical presentation is consistent with facet joint pain, signs, and symptoms. In this case, the injured worker presents with ongoing neck pain with radiating symptoms into the bilateral shoulders. Upon examination, there is limited range of motion with diminished sensation in the right upper extremity. Facet joint injections are not recommended for patients with neck pain that is radicular in nature. The patient maintains a diagnosis of acute C5-6 radiculopathy by neural diagnostic testing. There was no evidence of facet mediated pain upon examination. There is also no evidence of a recent attempt at conservative management. Given the above, the request is not medically necessary.