

<b>Case Number:</b>	CM15-0066971		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/02/1989
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

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:

This 59 year old female sustained an industrial injury to the neck and back on 9/2/89. Previous treatment included magnetic resonance imaging, cervical fusion, chiropractic therapy, acupuncture, physical therapy, occupational therapy, transcutaneous electrical nerve stimulation, facet blocks injections, pain psychology, swimming and medications. In a progress note dated 2/18/15, the injured worker complained of pain 10/10 to the neck and low back associated with spasms and stiffness. The injured worker reported that her pain was worsening despite current pain management regimen. Current diagnoses included cervical spine post laminectomy syndrome, cervical spinal fusion, lumbar spine degenerative disc disease, lumbar spine spondylosis without myelopathy and cervical spine spondylosis without myelopathy. The treatment plan included continuing medications (Valium, Robaxin, Oxycodone, Methadone, Lyrica, Topiragen and Zofran) and facet block injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet block injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1989 and continues to be treated for neck and low back pain. Treatments have included a cervical spine fusion from C3-C6. When seen, she was having radiating back pain. She was also having severe neck pain increased when looking upwards. Physical examination findings included cervical spine tenderness with decreased range of motion including extension and rotation. An MRI of the cervical spine on 01/27/15 included findings of multilevel spondylosis with facet arthropathy at C3-4 and C7-T1. There was severe stenosis at C6-7. In this case, the claimant has neck pain after a cervical spine fusion with imaging showing findings of adjacent segment degeneration. Although cervical facet blocks appear to be indicated, without knowing the exact levels being targeted, the request is not medically necessary.