

<b>Case Number:</b>	CM14-0148250		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 30-year-old male who reported a work related injury on 08/11/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses were displacement of cervical intervertebral disc, cervical radiculopathy, and neck pain. Past treatment has included medication, physical therapy, and chiropractic care. Diagnostic studies included an x-ray with an unspecified date, which revealed retrolisthesis of C4 on C5 with congenital fusion of C5 on C6; an MRI with an unspecified date revealed C5-6 congenital fusion with adjacent segment degenerative changes, with a disc osteophyte complex at C6-7 and a larger disc osteophyte complex with disc protrusion at C4-5, with retrolisthesis of C4 on C5, which resulted in mild central canal stenosis. A clinical note dated 08/01/2014 reported the injured worker was being treated for cervical and radicular pain into the right arm. His symptoms were noted to be improving with physical therapy. Upon physical examination of the cervical spine it was noted that the injured worker had limited cervical range of motion in both flexion and extension, and there was full motor strength in all major muscle groups in the upper extremities at 5/5. There were no gross sensory deficits noted on examination. The injured worker's prescribed medications include Valium. The treatment plan is a bilateral posterior facet injection at the C4-5 level. The rationale for the request is displacement of the cervical intervertebral disc. The Request for Authorization form was submitted for review on 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for One (1) Bilateral Posterior Facet Injection at C4-5 Levels (to be performed by [REDACTED], MD at [REDACTED]): 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 (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-167. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Facet Joint Pain, Signs & Symptoms; Facet Joint Intra-Articular Injections (Therapeutic Blocks).

**Decision rationale:** The request for Prospective Request for One (1) Bilateral Posterior Facet Injection at C4-5 Levels (to be performed by [REDACTED], MD at [REDACTED]) Between 8/7/2014 and 9/21/2014 is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques such as needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms. More specifically, the Official Disability Guidelines state that facet joint dysfunction is identified by tenderness to palpation in the facet region, normal sensory findings, absence of radicular symptoms, and a normal straight leg raise. In regards to therapeutic facet injections, the guidelines also recommend there is documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs, prior to the first procedure for at least 4 to 6 weeks, and no more than 2 joint levels should be injected in 1 session. Within the documentation provided for review, the documentation of 08/01/2014 reported that the injured worker was already improving with physical therapy. The guidelines specifically stated there should be documentation of failure of conservative treatment. Additionally, within the documentation, upon physical examination it was noted that there were no gross sensory deficits. Based upon the information provided, the clinical presentation was not consistent with facet joint dysfunction according to the guidelines, and the injured worker does not meet the requirements for Bilateral Posterior Facet Injection at C4-5. As such, the request is not medically necessary.