

<b>Case Number:</b>	CM13-0001368		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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 Physical Medicine and Rehabilitation 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 patient is a 45 year old female who was injured on 01/15/2013 while the patient was struck from behind in a motor vehicle accident. Prior treatment history has included bilateral occipital nerve block and trigger point injection bilateral cervical paravertebral x 10. She also underwent physical therapy, home exercise regime and ice/heat treatment. Medications include: 1. Dendracin Lotion 0.0375-30-10% 2. Ibuprofen 200 mg Progress note dated 06/18/2013 documented the patient with complaints of neck pain on the left side radiating to the left shoulder and between shoulder blades, pain in left hand and upper neck pain radiating around the skull and triggering frequent headaches. The pain becomes worse with activity or movement, bending backwards to the left, standing and walking. The patient complains that the pain is constant. There are no palliative factors. Review of systems is positive for joint pain of left shoulder as well as neck pain with stiffness and swelling. Objective finding on examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with extension to 30 degrees and left lateral bending to 30 degrees. On examination of paravertebral muscles, tenderness and trigger point is noted on the left side. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes are equal and symmetric. Cervical facet loading is positive on the left side and negative on the right side. Neurologic exam reveals cranial nerve II through XII are grossly intact. Strength 5/5 in all major muscle groups. Sensation is intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper extremities. Finger-to-nose coordination is within normal limits. Gait without ataxia. Current Complaints: at this point the patient still complains of pain in her neck and upper back rated 6/10, which is dull and constant. Patient has decrease in sleep and driving capabilities secondary to her pain. Any driving greater than 20-30 minutes increases her pain greatly in the neck area still. Diagnostic Impression: Whiplash injury

to neck. Diagnostic tests ordered: Urine drug test performed in office and sent to lab. (No UDT report submitted) Requested Procedures: 1. Cervical medial branch blocks left C4, C5 and C6. 2. Fluoroscopic guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE (1) LEFT CERVICAL MEDIAL BRANCH BLOCKS WITH FLUROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Medial Branch Block Guidelines, Facet Joint Diagnostic Blocks, Facet Joint Pain, Signs & Symptoms.

**Decision rationale:** As per ODG, "Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). The request did not specify the joint level, but the 6/18/13 progress note requested cervical medial branch blocks left C4, C5 and C6, which is 3 levels and not supported by the guidelines. In addition, guidelines state that Physical findings of facet joint pain should include: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. Patient's physical finding does not show tenderness over facet joint. Given that 3 joint level injections are not supported by the guidelines and the physical exam does not show tender to palpation over facet joint, the medical necessity is not established.