

<b>Case Number:</b>	CM13-0042285		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/03/1990
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 has complaints of chronic neck shoulder hip and arm pain. Physical examination shows hyperreflexia and a positive Hoffmann sign without clonus and weakness. She has no demonstrated radicular findings in the upper or lower extremities on physical examination. She has normal grip strength. The neck is supple and without tenderness to palpation facet joints. She continues to take narcotics for pain control. Pain diagram reveals pain in the head, neck, left shoulder, low back, and left ankle good. The patient had surgery of the left shoulder with subacromial decompression and distal clavicle resection. MRI scan the cervical spine shows foraminal stenosis at C6-7 and moderate central foraminal stenosis at C5-6 and C4-5 foraminal stenosis. Patient has a diagnosis of cervical spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL FACET BLOCK AT C3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This patient does not meet established criteria for cervical facet injections. Specifically, the medical records do not indicate that the patient has tried and failed adequate conservative measures for the treatment of chronic neck and a recent trial failure physical therapy is not noted. In addition, imaging studies demonstrating degeneration of the C3-4 facet are not present. Also, documentation of medial branch block with significant 70% relief of the patient's pain is not present in the medical records. Criteria for cervical facet block not met.

**1 SERIAL FLEXION AND EXTENSION X-RAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient does not need established criteria for spine flexion-extension views. Specifically, the patient has not had a documented trial and failure of conservative measures for neck pain to include a recent trial of physical therapy. Since there is no documentation of her recent trial of conservative measures for the treatment of chronic neck pain to include physical therapy, flexion-extension views are not medically necessary. Criteria for spine flexion-extension views are not met. The patient must first have a significant trial and failure of conservative measures to include physical therapy