

<b>Case Number:</b>	CM14-0105445		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with an 11/7/13 date of injury. At the time (5/27/14) of request for authorization for bilateral cervical facet block injections at C5-6, C6-7 and physical therapy 2x4 cervical, there is documentation of subjective (neck pain along the C5-6 and C6-7 area radiating to the bilateral upper extremities with numbness and tingling) and objective (positive Spurling's test and decreased sensation in the C6 nerve root distribution) findings, current diagnoses (cervical disc degeneration and cervical radiculopathy), and treatment to date (at least 12 sessions of physical therapy, home exercises, activity modification, and medications (NSAIDs)). In addition, medical report identifies a request for bilateral cervical epidural injections, bilateral cervical facet block injections, and continue physical therapy x8. Regarding bilateral cervical facet block injections at C5-6, C6-7, there is no documentation of non-radicular facet mediated pain and that the facet block is not to be performed on the same day of treatment as epidural steroid injections. Regarding physical therapy 2x4 cervical, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical facet block injections at C5-6, C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, and that the facet block is not to be performed on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration and cervical radiculopathy. In addition, there is documentation of cervical pain at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective (neck pain along the C5-6 and C6-7 area radiating to the bilateral upper extremities with numbness and tingling) and objective (positive Spurling's test and decreased sensation in the C6 nerve root distribution) findings, there is no documentation of non-radicular facet mediated pain. In addition, given documentation of a request for bilateral cervical epidural injections and bilateral cervical facet block injections, there is no (clear) documentation that the facet block is not to be performed on the same day of treatment as epidural steroid injections. Therefore, based on guidelines and a review of the evidence, the request for bilateral cervical facet block injections at C5-6, C6-7 is not medically necessary.

**Physical therapy 2x4 cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of

physical therapy for patients with a diagnosis of cervical intervertebral disc disorders not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration and cervical radiculopathy. In addition, there is documentation of previous physical therapy. However, given documentation of at least 12 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 2x4 cervical is not medically necessary.