

<b>Case Number:</b>	CM14-0019378		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery 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 records reviewed noted that this 62-year-old individual sustained an injury on May 12, 2003. There are ongoing complaints of neck pain and a decreased range of motion. A stellate ganglion block to address the sympathetically mediated right upper extremity symptoms has been completed. These blocks did not provide any relief. There was insufficient physical examination evidence to support the requested cervical spine MRI and facet injections. A peer review report was completed on August 28, 2013 noting complaints of "whole body pain" but the neck pain was the most significant. Changes to the rotator cuff and radial styloid are identified as well as a diagnosis of fibromyalgia. A QME psychiatric reevaluation report was completed in July, 2013. This was a follow-up report from assessment completed 7 years prior. The injured employee is receiving Social Security disability income. A diagnosis of depression was added to the problem list. A repeat orthopedic AME was also completed in July, 2013. The diagnoses offered were myalgia, hyper reactive psychophysiological state, fibromyalgia and overuse syndrome. A pain management consultation was obtained in October, 2013. The assessment was complex regional pain syndrome. Multiple injections and other blocks were outlined. Urine drug screening was also completed. A vocational rehabilitation assessment was felt not be indicated and that the disability is noted to be permanent and stationary. A repeat stellate ganglion block was completed in December, 2013. There conduction studies are completed making a diagnosis of carpal tunnel syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CERVICAL FACET BLOCKS C2-3, C7-T1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Cervical Upper Back, Facet/Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** This is an individual who has significant and multiple subjective complaints of pain (fibromyalgia, sympathetically mediated pain, etc.) and that multiple injection therapies have been attempted to ameliorate the symptomology. The most current physical examination reviewed did not identify any specific discomfort over the facet joints of the cervical spine. Furthermore, there needs to be a reasonable expectation of success and given the protracted psychiatric history, the depression, the lack of improvement with any other intervention at the current Social Security disability state; there is absolutely no clinical data presented to suggest that such a procedure is clinically indicated. When noting that the ACOEM guidelines do not support such injections, that many providers feel that you have some therapeutic benefit, and the overall clinical presentation noted in the voluminous records reviewed, there simply is no data presented to suggest an injection is warranted. Therefore, the request for cervical facet blocks C2-3, C7-T1 is not medically necessary and appropriate.

### **MRI OF CERVICAL SPINE:** 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): 300.

**Decision rationale:** When noting the date of injury, the injury sustained, the multiple interventions and the standards outlined in the MTUS, there needs to be "red flag conditions" to support the need of such an evaluation. While noting the ongoing and persistent complaints of pain, noted to be throughout the entire person of the injured worker, and that there are no specific physical examination findings, it does not appear there is clinical evidence to support this request. Therefore, the request for MRI of the cervical spine is not medically necessary.