

<b>Case Number:</b>	CM14-0152297		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 43-year-old male who reported an injury on 03/05/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of disc disorder cervical spine, cervical facet syndrome. Physical medical treatment consists of the use of a TENS unit, massage therapy, acupuncture, physical therapy, and medication therapy. Medications include Voltaren gel, Zantac, and Norco. On 01/29/2014, the injured worker underwent an MRI of the cervical spine which revealed that there was no central or foraminal stenosis at the C2-3 level. It was noted that the injured worker had asymmetrical left uncinat and facet hypertrophy which was causing moderate left and minimal right foraminal stenosis at C3-4 and C4-5 levels. It was noted that there was no central stenosis at these 2 levels. On 08/29/2014, the injured worker complained of neck pain. Physical examination revealed that the injured worker's range of motion was restricted with flexion limited to 40 degrees, extension limited to 40 degrees, both limited by pain, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the left limited to 50 degrees, and lateral rotation to the right limited to 50 degrees. On examination of the paravertebral muscles, tenderness and tight muscle band was noted on the right side. Tenderness was noted at the trapezius. Cervical facet loading was positive on the right side. Motor strength examination revealed that the injured worker was 5/5 in all planes. Sensory examination, light touch sensation were normal in the extremities. Medical treatment plan is for the injured worker to continue with massage therapy and undergo a medial cervical branch block at the C3, C4, and C5 levels. The provider feels if the injured worker obtains 50% or better pain relief with each diagnostic median branch nerve block that the injured worker would then be a candidate for radiofrequency ablation. The request for authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy sessions , QTY:6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for massage therapy sessions, qty: 6 is not medically necessary. According to ACOEM/MTUS Guidelines, massage therapy is not recommended for acute regional neck pain. Guidelines state that there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as massage. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. It was noted that the injured worker had pain relief with previous massage therapy sessions. However, there was no documented evidence showing if the previous massage therapy had helped with any functional deficits the injured worker might have had. In the absence of the documentation, massage therapy is not recommended by the California MTUS. Therefore, the request for additional massage therapy is not medically necessary.

**Medial cervical branch block at right C3, C4 and C5 level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block.

**Decision rationale:** The request for medial cervical branch block at right C3, C4 and C5 level is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular and no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAID prior to procedure for at least 4 to 6 weeks. The injured worker stated that he had neck pain. However, physical examination did not reveal any sensory deficits. It was also noted that there was no tenderness noted as well on the cervical spine. Additionally, the included documents lacked evidence of a complete and adequate physical examination of the injured worker's deficits to include a negative Spurling's test, specific tenderness to palpation over the C3, C4, and C5 levels. Additionally, the provider's

request did not state or specify which side the medial branch block was intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.