

<b>Case Number:</b>	CM14-0029333		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 62-year-old female who was reportedly injured on March 28, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 20, 2014, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain and headaches. The physical examination demonstrated minimal tenderness along the cervical spine and good cervical spine range of motion. There was a normal upper extremity neurological examination. Physical therapy and chiropractic treatment were recommended. Previous treatment included physical therapy for the cervical spine. A request had been made for cervical spine medial branch blocks at C2-C3, C3-C4 and C4-C5 and was not certified in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical medial branch block at the left C2-3, C3-4, and C4-5 facets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Facet joint diagnostic blocks, updated May 30, 2014.

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are only recommended for two levels and for those individuals who have failed other conservative treatment such as home exercise, physical therapy, and anti-inflammatory medications. The most recent progress note, dated January 20, 2014, clearly stated that the injured employee has had benefit with prior physical therapy and the use of Imitrex. For these reasons, this request for cervical spine medial branch blocks at the left C2-C3, C3-C4 and C4-C5 is not medically necessary.

**Chiropractic treatment 2 x 4 weeks - neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, manipulation/mobilization of the cervical and/or thoracic spine is moderately recommended for short-term relief of cervical pain or as a component of an active treatment program focusing on active exercises for acute cervicothoracic pain. There was no documentation that the injured employee was continuing physical therapy or applying those techniques to a home exercise program to use as an adjunct to chiropractic care. For these reasons this request for chiropractic treatment for the neck and low back is not medically necessary.