

<b>Case Number:</b>	CM14-0035932		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 & Rehabilitation 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 64-year-old female who reported an injury on 04/07/2010. The mechanism of injury was described as repetitive motion. The clinical note dated 01/24/2014 reported that the injured worker complained of neck and upper back pain. The physical examination revealed cervical rigidity, spasms, tenderness to medial scapular muscles on left, tenderness to paraspinal muscles on left, and tenderness over left facet joints. It was reported that the injured worker had a limited range of motion to the cervical spine related to pain. It was reported an electrodiagnostic study was unable to fully exclude cervical radiculitis, given increased insertion activity as cervical paraspinal muscles. The injured worker's diagnoses included cervicgia, cervical sprain/strain of unspecified site of shoulder and upper arm, cervical spondylosis without myelopathy, and other sleep disturbances. The injured worker's prescribed medication list included Medrox 0.0375 patch. The provider requested left C5, C6, C7 medial branch blocks to conduct diagnostic evaluation of facet medial neck pain. The Request for Authorization was submitted on 03/24/2013. The injured worker's prior treatments included physical therapy, chiropractic care, acupuncture, massage therapy, pharmacologic treatments, and left upper back injections. The injured worker was status post left neck and upper back trigger point injections (specific date not concluded) and on 01/24/2014. It was reported that the injured worker's pain began to re-emerge after the injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5, C6, C7 medial branch blocks QTY: 3.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**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 & Upper back, Facet joint diagnostic blocks.

**Decision rationale:** The injured worker complained of neck and upper back pain. The provider's rationale for the medial branch block is to conduct a diagnostic evaluation of facet mediated neck pain. The CA MTUS/ACOEM guidelines on Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines for diagnostic facet injections may be appropriate when the clinical presentation is consistent with facet joint pain. The guidelines state that only one set of diagnostic medial branch blocks is required prior to neurotomy, with a response of 70%. Additionally, injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; and documentation should show failure of conservative treatment including home exercise, physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) for at least 4-6 weeks. It was reported that the injured worker complained of facet joint pain; however, there is a lack of physical evidence demonstrated signs or symptoms of facet joint pain. It was reported on 10/14/2013 that an electrodiagnostic study was performed and unable to rule out cervical radiculitis. The guidelines do not recommend facet joint injections to injured workers with radicular pain. It was reported that the injured worker's prior treatments included physical therapy, chiropractic care, acupuncture, massage therapy, pharmacological treatments, and left upper back injections; however, there is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDs. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.