

<b>Case Number:</b>	CM14-0048518		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 California and Washington. 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 57-year-old female who reported an injury on 03/07/2002 while bending under a partition. The injured worker initially was treated with Methadone and ibuprofen for pain. The injured worker received chiropractic care and a TENS unit and uses Biofreeze as part of her treatment. On 02/27/2009, a cervical MRI was performed, and it revealed a stable anterior cervical discectomy and fusion at C5-7 and mild facet arthropathy at C5-6 and C7-T1. The injured worker saw her physician on 03/04/2014 with a complaint of pain at an 8/10 to the cervical region. The physician noted that the range of motion to the right generated pain with extension and rotation. The diagnoses were cervical facet pain and cervical myofascial pain. The injured worker received Tramadol, Hydrocodone and ibuprofen. The injured worker continued seeing physicians on 03/17/2014, on 04/14/2014 and 05/05/2014 with similar diagnoses including with pain ranging from a 6/10 to 7/10 to a 10/10. The last office visit noted was 06/12/2014, where the injured worker told her physician that she was experiencing a pain of a 7/10, which was a decrease of 8/10 on the last office visit. The injured worker had received a left-sided radiofrequency in 03/2013. The left cervical spine remains improved with medications. Her medications are Tramadol, Hydrocodone, Imitrex and ibuprofen. The physician notes that the injured worker ambulates with a normal gait. The physician further notes that there is pain with palpation to the right cervical facets and tenderness under the trapezius muscles. Cervical range of motion denotes pain with extension and rotation to the right. There were negative Tinel's and Phalen's tests. The physician, in his notation, noted that no conservative care for the last 6 weeks was documented by Workmen's Comp; however, the physician stated the injured worker documents daily on home stretching and exercise of the cervical muscles. Range of motion with right rotation is 20 degrees. The physician is asking for cervical medial branch blocks from C3-4 and an outpatient facility 1 day visit. The physician's

rationale was that the cervical medial branch blocks performed on the left side of the cervix provided better than 70% pain relief for over 1 year, and the physician feels that this treatment would be used for improvement of the pain to the neck. Conservative care showed no improvement with pain. The Request for Authorization form was signed on 03/06/2014 and made available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right side - Cervical Medial Branch Blocks at C3-4 #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, ODG, Treatment in Worker's Compensation, 5th Edition, 2007 or current year. Neck and Upper Back (Acute & Chronic), Facet Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page 46 Page(s): 46.

**Decision rationale:** The decision for right-sided cervical medial branch blocks at C3-4 is not medically necessary. The California MTUS Guidelines for epidural steroid injections note that the following conditions must be available: (A) radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; (B) initially unresponsive to conservative treatments; (C) injections must be performed under fluoroscopy for guidance; (D) if used for diagnostic purposes, a maximum of 2 injections should be performed; no more than 2 nerve root levels should be injected using transforaminal blocks; (E) no more than 1 interlaminar level should be injected at 1 session; (F) in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks; current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The injured worker has not been diagnosed with radiculopathy. Furthermore, the pain reduction was noted with medications during this time. As such, the request is not medically necessary.

#### **Outpatient facility one day visit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

**Decision rationale:** The request for an outpatient facility 1 day visit is not medically necessary. The ODG recommendations under pain and office visits only recommend this modality when determined to be medically necessary. The physician is asking for an office visit after a

proposed treatment to the cervical spine. Office visits must be determined to be medically necessary; and as the physician has not documented in any rationale as to the necessity of this, the request is not medically necessary.