

<b>Case Number:</b>	CM14-0052796		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 57-year-old male with a 5-23-1997 date of injury. A specific mechanism of injury was not described. A 3/21/14 requested was determined as not medically necessary given no diagnosis of significant ongoing facet mediated pain. The physical therapy was not medically necessary given no functional improvement from previous therapy. The prior determination identifies that a 2/6/14 medical report revealed tenderness to palpation in the right shoulder with radiating pain, weakness in the supraspinatus and infraspinatus. It is noted that the patient was given injections. Another note cited from 3/4/14 identifies cervical pain, tenderness over the occipital groove, full and painless range of motion. The determination also identified a cervical spine MRI revealing multi-level degenerative changes within the spinal canal and neural foraminal stenosis, moderate to severe right sided neural foraminal stenosis and mild to moderate spinal canal stenosis. At the level of C6-7, there were degenerative changes resulting in mild to moderate left sided neural foraminal stenosis and mild spinal canal stenosis. Multi-level facet arthropathy is noted. The medical reports cited in the prior determination were no included for review. There were also no additional recent reports provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet/Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter; Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter) Facet joint diagnostic blocks.

**Decision rationale:** MTUS states that facet joints 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. ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The medical necessity was not substantiated. There appears to be significant findings on MRI of possible nerve root compression. It was not clear if there were any radicular findings of exam. There were no recent medical reports provided for review, and it was not clear if there were sufficient conservative treatments provided. The request is not medically necessary.

**Continue Physical Therapy (PT) (no frequency or duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99 and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114. CA MTUS 2009 Â§9792.22. General Approaches: ACOEM Pain, Suffering, and the Restoration of Function.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It was not clear if the patient had completed therapy recently and if it was, how many sessions were completed and what was the outcome from such sessions. There was no indication of functional goals to achieve in therapy.

In addition, there was no rationale addressing if a home exercise program would not be sufficient to continue rehabilitation. There was also no indication of the specific number of sessions being requested. The request is deemed not medically necessary.

**Medical Clearance: History & Physical (H&P):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** The requested facet injection was not medically necessary. In addition,

there were no special circumstances identified for which pre-operative clearance would be required prior to performing facet injections. Therefore, the request is not medically necessary.

**Medical Clearance: Electrocardiogram (EKG) and Laboratories (labs): 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 American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** The requested facet injection was not medically necessary. In addition, there were no special circumstances identified for which pre-operative clearance including EKG and laboratory testing would be required prior to performing facet injections. Therefore, the request is not medically necessary.