

<b>Case Number:</b>	CM14-0086004		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 records presented for review indicate that this 62-year-old female was reportedly injured on May 1, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 12, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities as well as low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness along the right cervical and lumbar paravertebral muscles. There was decreased cervical and lumbar spine range of motion and pain with cervical spine facet loading. There was also tenderness along the lower cervical facets. A neurological examination was normal in the upper and lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a fusion of L4 - L5 and C4 through C7. A request had been made for eight sessions of chiropractic manipulation and a bilateral C7 - T-1 medial branch block and was non-certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C7-T1 Medial Branch Block:** Overturned

**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 - Neck & Upper Back.

**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 August 4, 2014.

**Decision rationale:** According to the official disability guidelines the criteria for diagnostic facet blocks indicates that there should be cervical pain that is non-radicular and that no more than two levels bilaterally. A previous utilization management review did not certify a request for medial branch blocks and stated that there was an upper extremity radiculopathy. The attached medical record does indicate that there was a normal neurological examination of the upper extremities. Considering this, this request for bilateral C7 - T-1 medial branch block is medically necessary.

**8 Sessions of Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks are supported. According to the progress note dated August 12, 2014, the injured employee has already participated in 24 visits of chiropractic therapy. The efficacy of these visits is not stated. As such, this request for eight sessions of chiropractic manipulation is not medically necessary.