

<b>Case Number:</b>	CM15-0143290		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 33 year old female, who sustained an industrial injury on 02-14-2009. She has reported injury to the head, neck, and low back. The diagnoses have included cephalgia; cervical disc injury; left temporomandibular joint syndrome; right mandible fracture; and lumbar facet arthralgia. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and physical therapy. Medications have included Percocet, Gabapentin, Lidoderm, and Amitriptyline. A progress report from the treating provider, dated 06-16-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent headaches; neck pain referring into the left temple and periorbital region down into the left hand; pain in the low back; the Amitriptyline had been even more effective than Gabapentin; the Amitriptyline helps improve her sleep, although the day after, she experiences tiredness due to the effects of the medication; the Lidoderm applied over the back s helpful; and the TENS unit for the back provides relief. Objective findings included moderate tenderness is noted over the right C2 through C4 and C5-C6 and C6-C7 levels; range of motion is completed in all directions with slight pain upon left lateral flexion pulling on the right and bilateral rotation; bilateral seated straight leg raise has no referral to the lower extremities; moderate pain is not over at the left L4-L5 and L5-S1 segment; and lumbar range of motion is complete in all directions with moderate pain on extension, and slight pain upon left lateral flexion pulling on the right. The treatment plan has included the request for right C2-3 medial branch block, per 06-16-2015 order; and right C3-4 medial branch block, per 06-16-2015 order.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right C2-3 medial branch block, per 6/16/15 order: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)-Facet joint diagnostic blocks (injections) and Facet joint pain, signs & symptoms.

**Decision rationale:** Right C2-3 medial branch block, per 6/16/15 order is not medically necessary per the ODG and the MTUS Guidelines. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that for diagnostic facet injections therefore must be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The ODG states that prior to facet injections there should be physical exam finding of facet disease. The ODG states that facet characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The documentation submitted does not reveal exam findings consistent with pure facet symptoms as defined in the ODG. Furthermore, it is not clear that the patient has failed all conservative treatment as she is getting benefit from TENS and medication therefore this request is not medically necessary.

### **Right C3-4 medial branch block, per 6/16/15 order: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)-Facet joint diagnostic blocks (injections) and Facet joint pain, signs & symptoms.

**Decision rationale:** Right C3-4 medial branch block, per 6/16/15 order is not medically necessary per the ODG and the MTUS Guidelines. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the

cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that for diagnostic facet injections there must be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The ODG states that prior to facet injections there should be physical exam finding of facet disease. The ODG states that facet characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The documentation submitted does not reveal exam findings consistent with pure facet symptoms as defined in the ODG. Furthermore, it is not clear that the patient has failed all conservative treatment as she is getting benefit from TENS and medication therefore this request is not medically necessary.