

<b>Case Number:</b>	CM15-0162805		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 47 year old female, who sustained an industrial injury on September 12, 2011 while working for a floral shop. The mechanism of injury was a motor vehicle accident. The injured worker has been treated for neck, low back and right arm complaints. The diagnoses have included cervicalgia, lumbago, right arm pain, lumbar degenerative disc disease and right shoulder pain with impingement and tendinitis. Treatment and evaluation to date has included medications, radiological studies, MRI, psychological assessment, acupuncture treatments, chiropractic treatments, cervical facet blocks, trigger point injections and physical therapy. The acupuncture treatments, cervical injections and physical therapy were noted to not have helped the pain. The injured worker was unsure if she had chiropractic treatments. However, documentation dated March 18, 2015 notes that the injured worker had received chiropractic treatments. The injured worker was noted to be working with restrictions. Current documentation dated July 27, 2015 notes that the injured worker reported neck pain which radiated to the right upper extremity, right shoulder pain and intermittent low back pain that did not radiate. The injured worker also noted sleeping difficulties, psychological problems, headaches, dizziness, loss of balance and a metabolic disorder. Examination of the cervical spine revealed tenderness and a decreased range of motion. A Spurling's test was positive producing axial neck pain. Examination of the right shoulder revealed tenderness to palpation and a normal range of motion. A Hawkin's, Neer's and cross-arm tests were positive. There was tenderness to palpation over the right bicipital tendon. A Tinel's sign was negative. The treating physician's plan of care included

requests for chiropractic therapy 2 times a week for 6 weeks and bilateral cervical facet medial branch blocks at the cervical four, cervical five and cervical six levels.

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

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

**Chiropractic therapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that chiropractic treatment is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS Guidelines indicate that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation referenced prior chiropractic treatment. However, no documentation was submitted for review of the prior chiropractic manipulation dates and the response to it. Therefore, there is a lack of documentation regarding functional benefit with the prior chiropractic treatment which is required by the MTUS Chronic Pain Medical Guidelines. The current prescription for chiropractic sessions to the cervical spine, lumbar spine and right shoulder is therefore not medically necessary.

**Bilateral cervical Facet Medial Branch Block at C4, C5 and C6 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48, 174, 181.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines on neck and upper back complaints state that invasive techniques, such as needle acupuncture and injection procedures (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. Medial branch blocks (MBBs) and radiofrequency ablations (RFA) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of

therapeutic MBBs are as follows: 1) no more than one therapeutic intra-articular block is recommended. 2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4) No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation, in addition to facet joint injection therapy. In this case, the injured worker had chronic neck and right shoulder pain. The documentation indicated that the patient did undergo prior MBBs (C4, C5, C6) with no reported benefit. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.