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| <b>Case Number:</b>   | CM15-0023491 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 07/20/2000 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on January 29, 2015. The injured worker has reported neck pain. The diagnoses have included degeneration of cervical intervertebral disc, cervicalgia, cervical spondylosis without myelopathy and post laminectomy syndrome of the cervical region. Treatment to date has included medication management, a cervical fusion and physical therapy. The injured worker was noted to have moderate relief from the physical therapy. Current documentation dated January 20, 2015 notes that the injured worker complained of constant neck pain which radiated to the right arm and was rated a six out of ten on the Visual Analogue Scale. The neck pain was noted to limit the injured workers activities of daily living and decreases her quality of life. Physical examination revealed pain and a decreased range of motion. Spurling's test was positive bilaterally. On January 29, 2015 Utilization Review non-certified a request for left cervical two through cervical four nerve blocks. The MTUS, ACOEM Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of left cervical two through cervical four nerve blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C2-4 nerve blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Pain section, Facet joint injections

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, left C2 - C4 nerve block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are cervicalgia; myalgia and myositis not otherwise specified; cervical spondylosis without myelopathy; and post laminectomy syndrome cervical spine. Subjectively, according to a progress note dated January 14, 2015, the injured worker has pain across the neck that is aggravated with movement that radiates to the right arm. There is no associated weakness or sensation change. The Official Disability Guidelines under the criteria for diagnostic and therapeutic medial branch blocks states there should be evidence of facetogenic signs and symptoms and objective findings. There were no objective findings in the medical record. Additionally, the ACOEM (Table 8-8) does not recommend facet injections of steroids or diagnostic blocks. Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Consequently, absent clinical documentation with facetogenic signs and symptoms, the presence of subjective radiculopathy to the right upper extremity and the non-recommendation of facet injections according to Table 8-8 of the ACOEM, left C2 - C4 nerve block is not medically necessary.