

<b>Case Number:</b>	CM15-0025501		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70-year-old female, who sustained an industrial injury on April 1, 2009. She has reported repetitive motion cervical pain. The diagnoses have included right cervical pain and cervical facet arthropathy. Treatment to date has included two courses of physical therapy in 2009 and 2010, home exercise program (no stretching), and non-steroidal anti-inflammatory medications. The records show a recent course of physical therapy with strengthening exercises, manual therapy, hot/cold packs, and education for a home exercise program. On December 17, 2014, the treating physician noted right-sided, burning and aching neck pain with muscle spasms, and headaches she believes are due to the neck pain. Currently she is using pain and non-steroidal anti-inflammatory medications. The physical exam revealed right-sided cervical spine tenderness on palpation, mostly in the distal aspect with minimal left-sided symptoms. The cervical flexion was two fingerbreadths from the sternum and extension was within normal limits, with popping and crackling. There was a 30% decreased right lateral rotation, and the left was normal. The left lateral flexion was 25% decreased with popping, crackling, and slightly increased pain. The right trapezius had some increased tone and no palpable trigger points. The treatment plan included cervical medial branch blocks for the right cervical 5, 6 and 7. On February 3, 2015, Utilization Review non-certified a request for cervical medial branch blocks for the right cervical 5, 6 and 7, noting the lack of documentation of a comprehensive examination during the latest visit to support facet pathology. The guidelines recommend medial branch blocks to patients with non-radicular pain, and there were neurological deficits observed on October 27, 2014. In addition, there was no clear documentation of recent active

rehabilitation to address the ongoing neck pain. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

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

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

**Cervical medial branch blocks C5, 6, 7 right side:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline, Neck and Upper Back (Acute and Chronic), Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, Facet joint signs and symptoms.

**Decision rationale:** The patient presents with right sided neck pain. The request is for CERVICAL MEDIAL BRANCH BLOCKS. Physical examination on 12/17/14 to the cervical spine revealed tenderness to palpation on the right side. Rotation was limited by 30% on the right. Lateral flexion was diminished by 25% bilaterally and patient reported cracking and popping. There was increased tone over the right trap in comparison to the left. Patient has had physical therapy treatments. MRI findings on 10/30/10 showed mild central and mild bilateral foraminal stenosis at C5-6 and C6-7. Per 10/27/14 progress report, patient's diagnosis includes right sided cervical pain on an industrial basis, cervical facet atrophy. Patient's medications per 12/17/14 progress report include Calcium, Celebrex, Flexeril, B Complex, Fish Oil, Garlic, Grape Seed, Resveratrol, Red Yeast Rice, Tylenol and Vitamin C. Patient's work status is not provided. ODG guidelines have the following regarding Facet joint signs and symptoms: "C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). "Patient has right-sided neck pain, rated 7/10 and headaches, secondary to her neck pain. Patient's diagnosis includes right sided cervical pain on an industrial basis, cervical facet atrophy. ODG guidelines limit blocks for patients with non- radicular cervical pain, and requires documentation of failure of conservative treatment. Per 10/27/14 progress report, patient feels quite a bit of relief after physical therapy but the pain comes back. The patient has neck pain that is non-radicular. The facet joint evaluation via DMB blocks appear reasonable. The patient has not had facet evaluation in the past. The request IS medically necessary. Patient has right-sided neck pain, rated 7/10 and headaches, secondary to her neck pain. Patient's diagnosis includes right sided cervical pain on an industrial basis, cervical facet atrophy. ODG guidelines limit blocks for patients with non- radicular cervical pain, and requires documentation of failure of conservative treatment. Per 10/27/14 progress report, patient feels quite a bit of relief after

physical therapy but the pain comes back. The patient has neck pain that is non-radicular. The facet joint evaluation via DMB blocks appear reasonable. The patient has not had facet evaluation in the past. The request IS medically necessary.