

<b>Case Number:</b>	CM15-0044483		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania, Ohio, 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 53-year-old male, who sustained an industrial injury on 05/26/2010. He reported injuries to his left shoulder, neck and back while lifting a heavy tire. The injured worker was diagnosed as having cervical facet joints arthropathy, cervical facet joint pain of C5-C6 and C7-T1, sexual dysfunction and issues with sleep. Treatment to date has included left shoulder rotator cuff repair and subacromial decompression, physical therapy, conservative treatments and NSAIDs. Currently, the injured worker complains of bilateral neck pain, right scapular pain, bilateral thoracic pain, bilateral shoulder pain and bilateral low back pain. The pain is exacerbated with prolonged standing, lifting, twisting, any activity, lying down and bearing down. There are no reported mitigating factors. The evaluating physician notes that upon a review of systems the psychological evaluation was negative. On examination the injured worker has tenderness to palpation of the cervical paraspinal muscles overlying the right C5-C6 and C7-T1 facet joints. Cervical range of motion was restricted by pain in all directions with cervical extension worse than cervical flexion. The injured worker also reported issues with sexual dysfunction and sleep issues. The evaluating physician requested continued OxyContin and fluoroscopically guided diagnostic right C5-C6 and right C7-T1 facet joint medial branch block to evaluate for the presence of right cervical facet joint pain, and nineteen psyche treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-guided diagnostic right C5-C6 and C7-T1 facet joint medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 181, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck & Upper back chapter, Facet joint diagnostic blocks: Pain chapter and signs & symptoms.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 374.

**Decision rationale:** ACOEM states that invasive procedures in the neck/cervical spine have limited proven value in treating spinal pain. The records in this case do not provide an alternate rationale to support an indication for or probable clinical benefit for this requested treatment. The request is not medically necessary.

**Psyche treatment x 19:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** MTUS recommends ongoing mental health treatment for chronic pain patients, particularly if there may be a mental health comorbidity. However a request for 19 treatment sessions is an unusual case. The records do not provide an alternative rationale for this request. The request is not medically necessary.