

<b>Case Number:</b>	CM15-0048240		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/14/1988
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 57 year old female who sustained an industrial injury on 06/14/1988. Current diagnoses include cervical spondylosis, cervical radiculitis, and neck pain. Previous treatments included medication management, chiropractic therapy, radio-frequency ablation, and cervical epidural injection. Report dated 02/04/2015 noted that the injured worker presented with complaints that included pain in neck and upper back into the arms. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for cervical medial branch blocks bilateral, refilled medications which included Nucynta, Ambien, Flexeril, Topamax, Amrix, and Nexium, and follow up in one week. Treatment requested is 1 C3, C4, C5 medial branch block bilaterally with fluoroscopy guidance and sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 C3, C4, C5 medial branch block bilaterally with fluoroscopy guidance and sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

**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, under Facet joint diagnostic blocks.

**Decision rationale:** Based on the 02/04/15 progress report provided by treating physician, the patient presents with neck pain with anterior column radicular and posterior column pain generator. The request is for 1 C3, C4, C5 Medial Branch Block Bilaterally With Fluoroscopy Guidance And Sedation. Patient's diagnosis per Request for Authorization form dated 02/17/15 includes cervical spondylosis, cervical radiculitis and neck pain. Physical examination to the cervical spine on 02/04/15 revealed tenderness to palpation to the paraspinal muscles, and decreased range of motion, especially on extension 10 degrees. Quadrant loading positive on the right with occiput pain radiating to right shoulder. Negative Spurling's. Patient had cervical epidural steroid injection to C7-T1 on 10/03/14 per operative report, for the diagnosis of cervical radiculopathy. Per progress report dated 02/04/15, treater states the patient has failed years of conservative care including physical therapy and manipulation, cannot take NSAIDs, activity modification, etc. Patient's medications include Nexium, Amrix, Topamax, Flexeril, and Nucynta. Patient is not working, per treater report dated 12/03/14. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. 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. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely 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; and 4) absence of radicular and/or neurologic findings." Per progress report dated 02/04/15, treater states: the patient "has responded quite well to these when done in the past and has reported decreased neck pain and headaches, she has had to increase Nucynta to TID, where she had been off of all opiates completely following RFA, we will proceed with confirmatory medial branch blocks with different local anesthesia initially at C3, 4,5 to see if, based upon Dwyer referral patterns, the majority of pain generates from C3-4, 4-5 levels." The request for 2 joint levels and documentation of failure of conservative treatment is within guideline recommendations. However, the patient has a diagnosis of radiculopathy and presents with radicular symptoms. ODG does not support facet joint or medial branch blocks in the presence of radicular symptoms or neurologic findings. ODG also states that: "Clinical presentation should be consistent with facet joint pain, signs & symptoms," and there is no clear documentation of facet joint pain based

on physical examination findings. Furthermore, it appears patient has had prior radio frequency ablation, but there is no mention of levels, date performed, nor documentation of response 70% to warrant the procedure. Moreover, the request for sedation is limited to cases of extreme anxiety, which has not been documented. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.