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| <b>Case Number:</b>   | CM15-0055324 |                              |            |
| <b>Date Assigned:</b> | 03/30/2015   | <b>Date of Injury:</b>       | 03/23/2011 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 03/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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 53 year old male, who sustained an industrial injury on March 23, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical displaced intervertebral disc, cervical radiculopathy and cervical degenerative disc disease. Treatment to date has included diagnostic studies, surgery, medications, Terocin patches and TENS unit. On March 4, 2015, the injured worker complained of worsening neck pain and bilateral shoulder pain. The pain was rated as a 9 on a 1-10 pain scale. The treatment plan included facet injections, medications, a cervical pillow, chiropractic sessions, Terocin patches and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-5, C5-6, C6-7 Intraarticular facet injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Neck and Upper Back Procedure Summary, Online Version, Criteria for the use of diagnostic blocks for facet nerve pain, 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, under Facet joint diagnostic blocks & facet joint pain signs and symptoms.

**Decision rationale:** The patient was injured on 03/03/11 and presents with neck pain and bilateral shoulder pain. The request is for a BILATERAL C4-5, C5-6, C6-7 INTRAARTICULAR FACET INJECTION. The RFA is dated 03/04/15 and the patient is released to modified work duty on 03/04/15. The 03/04/15 report states that the patient has "signs and symptoms consistent with cervical facet syndrome and has failed conservative measures thus far." Review of the reports provided does not indicate if the patient had a prior cervical spine intraarticular facet injection. 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. 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." The reason for the request is not provided. He is tender over the bilateral cervical facets. Left/right tilt to 5 degrees reproduces left/right-sided neck pain. Bilateral shoulder abduction is limited to 90 degrees. He is diagnosed with cervical displaced intervertebral disc, cervical radiculopathy, and cervical degenerative disc disease. Treatment to date has included diagnostic studies, surgery, medications, Terocin patches and TENS unit. In regards to the request for a diagnostic cervical facet block, the requested treatment does not meet guideline criteria. ODG does not support more than two levels of facet joint injections/evaluations. The current request is for 3 level injections. The requested intraarticular facet injection IS NOT medically necessary.

**Cervical Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary, Online Version, Neck support pillow.

**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, Pillow.

**Decision rationale:** The patient was injured on 03/03/11 and presents with neck pain and bilateral shoulder pain. The request is for a CERVICAL PILLOW. The RFA is dated 03/04/15 and the patient is released to modified work duty on 03/04/15. ODG-TWC guidelines, Neck and Upper Back section for Pillow states: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007) The reason for the request is not provided. He is tender over the bilateral cervical facets. Left/right tilt to 5 degrees reproduces left/right-sided neck pain. Bilateral shoulder abduction is limited to 90 degrees. He is diagnosed with cervical displaced intervertebral disc, cervical radiculopathy, and cervical degenerative disc disease. Treatment to date has included diagnostic studies, surgery, medications, Terocin patches and TENS unit. The ODG guidelines are clear that the neck support pillow is recommended in conjunction with daily exercise. The guidelines state that the pillow or exercise alone did not provide clinical benefit. The available reports do not discuss whether the patient does daily exercise, and if so, what the exercises are comprised of. The ODG criteria for use of a neck support pillow has not been met. The requested cervical pillow IS NOT medically necessary.

**Chiropractic visits for the neck QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient was injured on 03/03/11 and presents with neck pain and bilateral shoulder pain. The request is for a CHIROPRACTIC VISITS FOR THE NECK QTY 8. The RFA is dated 03/04/15 and the patient is released to modified work duty on 03/04/15. Review of the reports provided does not indicate if the patient had any prior chiropractic sessions. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The reason for the request is not provided. He is tender over the bilateral cervical facets. Left/right tilt to 5 degrees reproduces left/right-sided neck pain. Bilateral shoulder abduction is limited to 90 degrees. He is diagnosed with cervical displaced intervertebral disc, cervical radiculopathy, and cervical degenerative disc disease. Treatment to date has included diagnostic studies, surgery, medications, Terocin patches and TENS unit. In this case, the treater is requesting for 8 sessions of chiropractic therapy for the neck. There is no documentation of the patient having a trial of 3 to 6 chiropractic sessions, as required by MTUS guidelines. Therefore, the requested 8 chiropractic sessions for the neck IS NOT medically necessary.