

<b>Case Number:</b>	CM15-0059421		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male, who sustained an industrial injury on 11/18/2014. According to a progress report dated 02/23/2015, the injured worker continued to have pain in the left arm from the neck to the shoulder blade and down into the biceps. Physical examination demonstrated weakness within the triceps on the left side compared to the opposite side and there was nerve impingement on the left side compared to the right. MRI showed degenerative disk changes from C4 to C7. Arm pain was getting better but the neck pain was still just as bad as it had always been. The provider noted that the fact that there was pain all the way down the arm with numbness to the long finger and weakness in the triceps is a C7 radiculopathy. Treatment plan included left selective nerve root block at C7 and a left lumbar facet block at C7 under fluoroscopy followed by post injection physical therapy. Currently under review is the request for one left cervical facet block at C7 under fluoroscopy and 8 post-injections physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One left cervical facet block at C7 under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and 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 (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in November 2014 and continues to be treated for radiating neck pain into the left upper extremity. When seen, pain was rated down the forearm and into his hand. Physical examination findings included left upper and the presents with findings of nerve impingement. He had already completed 12 physical therapy treatments. An MRI of the cervical spine on 12/15/14 had shown findings consistent with a left C6 radiculopathy. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has testing results, complaints, and physical examination findings consistent with radicular pain from cervical radiculopathy. Therefore, the requested cervical facet injection does not meet the necessary criteria and are not medically necessary.

**8 post-injections physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Neck and Upper Back (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in November 2014 and continues to be treated for radiating neck pain into the left upper extremity. When seen, pain was rated down the forearm and into his hand. Physical examination findings included left upper and the presents with findings of nerve impingement. He had already completed 12 physical therapy treatments. An MRI of the cervical spine on 12/15/14 had shown findings consistent with a left C6 radiculopathy. Guidelines recommended up to 10 therapy treatments over 8 weeks for this condition. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the requested therapy was not medically necessary.