

<b>Case Number:</b>	CM15-0233479		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 59 year old female who sustained an industrial injury on 1-15-2008. Medical records indicate the injured worker is being treated for cervical facet arthropathy and cervical post laminectomy syndrome. Per the orthopedic treating physician report dated 10-14-2015 the injured worker describes her pain to be localized primarily in her upper and lower cervical region with no radiation into her upper extremities and she also has pain between the left and right shoulder blades approximately at the level of T5 that radiates to the left shoulder. The injured worker reports she has limited mobility of her shoulder secondary to pain and her pain level is 5 out of 10 and is dull, aching, and shooting pain. The injured worker reports her pain is improved with Norco 5-325mg and therapy, which she had in the past. The injured worker reports her pain is exacerbated by lifting objects overhead. On physical exam the orthopedic treating physician reports the injured worker has significant pain to palpation of her neck of left C2-C7 and T1 facet on the left and her left shoulder reveals minimal restriction in range of motion associated with mild pain. Also on physical exam the orthopedic treating physician reports the injured worker has elevation of rib 1 on the left and palpation along this rib increases her pain level from 5 to 9 out of 10, forward flexion of the cervical spine is 50 degrees, extension is 10 degrees, rotation is 45 degrees to the right and left, and there is tenderness to palpation over T3, T4, and T5 facets. The orthopedic treating physician is requesting cervical medial branch blocks. The cervical spine x-ray dated 10-14-2015 shows a stable fusion with anterior plate with screws and spacers from C4 to C7, no abnormalities noted other than moderate facet arthropathy above and below the fusion. Treatment to date for the injured worker includes a few epidural

steroid injections, heat and ice treatment, C4-5, C5-6, and C6-7 discectomy in 2011, left shoulder arthroscopic surgery rotator cuff repair in July 2013, 22 sessions of physical therapy (reported did not help her pain), trigger point injections (reported given 6 months ago and had modest pain relief), and medications including Medrol 4mg, Temazepam 15mg, Lidoderm 5 percent patch, Norco 5-325mg (reported improves her pain by 95 percent when she takes it as needed), Tramadol 50mg, and Mobic 15mg. A request for authorization was submitted on 10-19-2015 for cervical medial branch block. The UR decision dated 10-26-2015 non-certified the request.

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

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

**Cervical medial branch block:** 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 Chapter, 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 (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested cervical medial branch block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has pain to be localized primarily in her upper and lower cervical region with no radiation into her upper extremities and she also has pain between the left and right shoulder blades approximately at the level of T5 that radiates to the left shoulder. The injured worker reports she has limited mobility of her shoulder secondary to pain and her pain level is 5 out of 10 and is dull, aching, and shooting pain. The injured worker reports her pain is improved with Norco 5-325mg and therapy, which she had in the past. The injured worker reports her pain is exacerbated by lifting objects overhead. On physical exam the orthopedic treating physician reports the injured worker has significant pain to palpation of her neck of left C2-C7 and T1 facet on the left and her left shoulder reveals minimal restriction in range of motion associated with mild pain. Also on physical exam the orthopedic treating physician reports the injured worker has elevation of rib 1 on the left and palpation along this rib increases her pain level from 5 to 9 out of 10, forward flexion of the cervical spine is 50 degrees, extension is 10 degrees, rotation is 45 degrees to the right and left, and there is tenderness to palpation over T3, T4, and T5 facets. The orthopedic treating physician is requesting cervical medial branch blocks. The cervical spine x-ray dated 10-14-2015 shows a stable fusion with anterior plate with screws and spacers from C4 to C7, no abnormalities noted other than moderate facet arthropathy above and below the fusion. The treating physician has not documented exam evidence of facet compression testing, intent to proceed with a neurotomy nor

medical necessity for such blocks at fusion levels. The criteria noted above not having been met, cervical medial branch block is not medically necessary.