

<b>Case Number:</b>	CM14-0085650		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 8/30/13 while employed by [REDACTED]. Request(s) under consideration include C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral. The patient is s/p cervical fusion at C5-7 (5 years prior) notable on CT scan of 10/31/13. Conservative care has included physical therapy, medications, interventional pain procedures of cervical epidural steroid injections for radicular pain, and modified activities/rest. Report of 12/17/13 from a provider noted patient with checked boxes indication continued chronic neck pain, burning and tingling arm pain. Exam showed restricted range, tenderness, spasm, and stiffness unspecified. Diagnosis was cervical disc disease with modified work. Report of 1/14/14 from the provider noted CT scan of cervical spine dated 10/31/13 showed ACDF with plating at C5-6 and C6-7 with spondylotic changes at C7-T1; osteophytic ridging caused mild spinal stenosis and moderate to severe foraminal stenosis. The patient continued with neck pain. Diagnoses were cervicgia and cervical spondylosis at C4-5 and T-1. Treatment recommended MRI of cervical spine. Report of 2/27/14 reviewed MRI and had treatment plan for interventional pain management "specifically epidural steroid injections, etc.." Report of 2/28/14 from the provider noted patient seen by consultant yesterday who recommended ESI. Exam showed positive cervical compression and distraction test; tenderness, spasm, and stiffness with restricted cervical range checked off. Report of 3/21/14 from the provider noted patient with ongoing neck pain, chronic headaches and rated at 7/10 with associated numbness and tingling in right hand. Medication treatment included Neurontin, Mobic, and Cymbalta. Exam showed decreased sensation bilaterally in upper extremities. The request(s) for C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral was non-certified on 5/23/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

**Decision rationale:** This patient sustained an injury on 8/30/13 while employed by [REDACTED]. Request(s) under consideration include C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral. The patient is s/p cervical fusion at C5-7 (5 years prior) notable on CT scan of 10/31/13. Conservative care has included physical therapy, medications, interventional pain procedures of cervical epidural steroid injections for radicular pain, and modified activities/rest. Report of 12/17/13 from a provider noted patient with checked boxes indication continued chronic neck pain, burning and tingling arm pain. Exam showed restricted range, tenderness, spasm, and stiffness unspecified. Diagnosis was cervical disc disease with modified work. Report of 1/14/14 from the provider noted CT scan of cervical spine dated 10/31/13 showed ACDF with plating at C5-6 and C6-7 with spondylotic changes at C7-T1; osteophytic ridging caused mild spinal stenosis and moderate to severe foraminal stenosis. The patient continued with neck pain. Diagnoses were cervicgia and cervical spondylosis at C4-5 and T-1. Treatment recommended MRI of cervical spine. Report of 2/27/14 reviewed MRI and had treatment plan for interventional pain management "specifically epidural steroid injections, etc.." Report of 2/28/14 from the provider noted patient seen by consultant yesterday who recommended ESI. Exam showed positive cervical compression and distraction test; tenderness, spasm, and stiffness with restricted cervical range checked off. Report of 3/21/14 from the provider noted patient with ongoing neck pain, chronic headaches and rated at 7/10 with associated numbness and tingling in right hand. Medication treatment included Neurontin, Mobic, and Cymbalta. Exam showed decreased sensation bilaterally in upper extremities. The request(s) for C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral was non-certified on 5/23/14. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended; as requested here. The patient exhibits chronic symptoms of neck and arm symptoms with decreased sensation and positive compression and distraction tests on clinical evaluation along with MRI findings of stenosis. Submitted reports have no indication for failed conservative trial or positive facet arthropathy with plans for repeating epidural steroid injection. Criteria per Guidelines have not been met. The C3-4, C4-5, C5-6 and C6-7 medial branch blocks, bilateral are not medically necessary and appropriate.