

<b>Case Number:</b>	CM15-0012601		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial injury on 05/30/2008. Diagnoses include cervical stenosis, chronic cervicgia, bilateral upper extremity radiculopathy pain and recurrent myofascial strain. Treatment to date has included medications and physical therapy. A physician progress note dated 12/18/2014 documents the injured worker complains of neck pain bilaterally, worse on the left side, radiating to both shoulders, down to her hand laterally on the left side. Pain is associated with weakness of the left upper extremity. In a physician progress note dated 1/30/2015 it is documented the injured worker had an Magnetic Resonance Imaging of the cervical spine done on 1/26/2015 and it showed bulging discs at C5-6, and C6-7 and causes partial effacement of the subarachnoid space but not stenosis or cord compression. Treatment requested is for Trigger point injection x3, Diagnostic Medical Branch Block x2. On 12/24/2014 Utilization Review non-certified the request for Trigger point injection x3, Diagnostic Medical Branch Block x2, and cited was California Medical Treatment Utilization Schedule (MTUS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection x3, Diagnostic Medical Branch Block x2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, facet joint diagnostic blocks

**Decision rationale:** ODG recommends "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 (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 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. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment." The employee does not meet several of the criteria above for diagnostic medial branch blocks including no documentation of failure of conservative treatment (including home exercise, PT and NSAIDs). Therefore, the request for 3 trigger point injections and 2 diagnostic medial branch blocks is not medically necessary.