

<b>Case Number:</b>	CM15-0116786		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 8/6/07 when a heavy item fell on top of her head. She currently complains of intermittent neck and bilateral shoulder pain with pain radiating to bilateral upper extremities. She rated her pain level with medications as 1/10 and 9/10 without medications. Her current pain level is 5/10. On physical exam, there was tenderness on palpation C4-7, tenderness over the occipital nerves bilaterally, positive provocation test, limited and painful range of motion, trigger point, tenderness and tightness. Medications are Effexor, Seroquel, Wellbutrin, naproxen, Norco, Omeprazole. Diagnoses include chronic residual pain; neck pain with cervical radiculopathy; mechanical neck pain with cervical facet joint sprain/ strain; myofascial pain syndrome of cervical spine musculature; headaches, secondary to occipital neuralgia; depression. Treatments to date include acupuncture; chiropractic treatments; physical therapy. There were no documents available for review regarding number of physical therapy treatments received or effect on the injured worker injuries. Diagnostics include computed tomography and MRI (no dates or results). In the progress note dated 5/5/15 the treating provider's plan of care includes requests for bilateral cervical facet blocks from C4-C7; physical therapy; acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral cervical facet blocks at C4-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Facet joint blocks.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, bilateral cervical facet blocks at C4 - C7 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are chronic residual pain; neck pain with cervical radiculopathy; cervical facet joint sprain strain; myofascial pain syndrome cervical spine musculature; and headaches secondary to occipital neuralgia. Subjectively, the injured worker has neck pain that radiates to the arm. There is no objective documentation of radiculopathy. The guidelines recommend facet joint injections when cervical pain is non-radicular. Subjectively, the injured worker has a cervical radiculopathy. Additionally, the guidelines state no more than two facet joint levels should be injected at one session. The treating provider is requesting a three level facet joint block. Three levels are not clinically indicated. Consequently, absent guideline recommendations for a three level facet joint block and subjective symptoms of cervical radiculopathy, bilateral cervical facet blocks at C4 - C7 is not medically necessary.

## **Physical therapy 12 visits neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions to the neck is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic residual pain; neck pain with cervical radiculopathy; cervical facet joint sprain strain; myofascial pain

syndrome cervical spine musculature; and headaches secondary to occipital neuralgia. Subjectively, the injured worker has neck pain that radiates to the arm. There is no objective documentation of radiculopathy. The documentation indicates the injured worker received prior physical therapy. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with prior physical therapy, objective functional improvement, total number of physical therapy sessions requested and authorized and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy 12 sessions to the neck is not medically necessary.

**Acupuncture 12 visits neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 12 visits to the neck are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic residual pain; neck pain with cervical radiculopathy; cervical facet joint sprain strain; myofascial pain syndrome cervical spine musculature; and headaches secondary to occipital neuralgia. Subjectively, the injured worker has neck pain that radiates to the arm. There is no objective documentation of radiculopathy. The documentation indicates the injured worker received prior acupuncture. There are no acupuncture treatment sessions in the medical record. The total number of acupuncture treatment sessions is not specified. There is no documentation demonstrating objective functional improvement from prior acupuncture. The treating provider is requesting 12 sessions of acupuncture to the neck. Consequently, absent clinical documentation with prior acupuncture session treatment notes, objective functional improvement and the total number of acupuncture sessions to date, acupuncture 12 visits to the neck are not medically necessary.