

<b>Case Number:</b>	CM15-0123515		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on 5/18/09 the result of cumulative trauma over the last fourteen years. She began having sudden pain on the stated day of injury. She currently complains of sharp, stabbing pain in the neck radiating to left shoulder blade ,arm and fingers with numbness, muscle spasms, tenderness throughout the cervical spine and decreased range of motion; headaches. On physical exam of the cervical spine there was tenderness on palpation over the right mid cervical facets, left mid cervical facets, right and left cervical facets, with right and left mid paravertebral and trapezius spasms. She can perform basic activities of daily living, drive; do light housework without assistance and with the aid of medications and acupuncture. Medications are methocarbamol, meloxicam, hydrocodone/ acetaminophen, Ambien, alprazolam. Since acupuncture, which offered 70% improvement in pain and muscle spasms, she has decreased her pain medications and medications offer 50% relief. Diagnoses include cervical radiculopathy; stress, anxiety, depression; gastritis secondary to medication; headaches; cervical spondylosis; cervicgia. Treatments to date include physical therapy; pain management; acupuncture; chiropractic treatments; heat treatments; ice; transcutaneous electrical nerve stimulator unit; trigger point injection; epidural steroid injection. Diagnostics include MRI of the cervical spine (2/25/11) indicating bilateral T2 hyperintense lesions involving the thyroid gland and right foraminal disc herniation; MRI of the cervical spine (12/3/09) showing hypertrophic facet arthrosis in mid upper cervical spine on the right; electromyography/ nerve conduction study of cervical spine (2/17/11) of both upper extremities was normal; MRI of the cervical spine (4/8/15) showing probable C5-6 right posterolateral disc bulge/ protrusion; bilateral thyroid nodule. In the

progress note dated 5/21/15 the treating provider's plan of care includes a request for cervical medial branch block at right C3-C7 as the injured worker has experienced 70% relief of symptoms following her most recent ablation therapy at right C4-C7 and based on her current symptoms the provider also included C3 in preparation for radiofrequency thermocoagulation at these levels.

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

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

#### **Cervical medial branch block to the right C3-C4, C4-C5, C5-C6, C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Chapter: Neck and Upper Back (Acute & Chronic), 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) cervical facet blocks.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70% 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy 4. No more than 2 joint levels are injected in 1 session 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as more than 2 levels are requested for injection and the request is not medically necessary.