

<b>Case Number:</b>	CM15-0173140		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 42 year old male who sustained an industrial injury on 4-8-15. A review of the medical records indicates he is undergoing treatment for cervical pain, cervicgia, and pain in thoracic spine. Medical records (4-22-15 to 7-30-15) indicate ongoing complaints of pain in the neck and mid to upper back, with occasional pain in the right shoulder area. He reports that the pain is constant "stabbing, throbbing, and aching". He rates his pain as "6 out of 10" with medications. He also complains of ringing in his ears and headaches. The physical exam reveals tenderness of the trapezius and cervical and thoracic paraspinal muscles, as well as parascapular muscles and thoracic spinous processes. Range of motion in the cervical and thoracic spine was diminished on exam. His medications include Hydrocodone 10-325, Flexeril, Motrin, Oxycodone, and Ambien. Psychological testing was completed and shown to have mild depression on the Beck depression scale. He reported that he was able to complete most activities of daily living, including cooking, laundry, shopping, bathing, dressing, driving, and brushing his teeth. Diagnostic studies have included an MRI of the cervical and thoracic spine, as well as a CT of the head. A urine toxicology screen was completed on 7-30-15. Treatment has included physical therapy (noted as "pending" on 4-22-15), hot and cold packs, and medications. An orthopedic referral was made. Treatment recommendations include right-sided medial branch blocks due to positive MRI findings, as well as activity modification. The utilization review (8-21-15) indicates the requested service as outpatient right cervical medial branch blocks C3-C7 x 2 (initial and confirmatory). The request was denied based on "no support for any medial branch

block for more than two facet joint levels or for any repeated blocks" and "medical branch blocks are only supported if there is an exam that shows most of the pain is facetogenic with positive facet-loading and that the pain is over the proposed levels; they are not supported based on degeneration shown on MRI".

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

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

**Outpatient right cervical MBB C3-C7 X 2 (Initial & Confirmatory): 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), Low Back Chapter-Facet joint injection, Diagnostic blocks, Neck and Upper Back Chapter-Diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

**Decision rationale:** Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this injury. Additionally, nerve injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified degenerative stenosis and performed over 2 joint levels concurrently (C3, C4, C5, C6, C7) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this injury nor extenuating circumstances to allow for authorization of 2 injections without assessment of initial diagnostic procedure. Submitted reports have not demonstrated support outside guidelines criteria. The outpatient right cervical MBB C3-C7 X 2 (Initial & Confirmatory) is not medically necessary and appropriate.