

<b>Case Number:</b>	CM15-0070641		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Georgia  
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 62 year old female, who sustained an industrial injury on 7/17/13. She reported chest pain, mid back and neck pain. The injured worker was diagnosed as having cervical radiculopathy, cervical facet arthropathy, carpal tunnel syndrome bilaterally, cervical myofascial strain, cervicgia and cervical stenosis. Treatment to date has included trigger point injections, acupuncture treatment, chiropractic treatment, physical therapy, cervical epidural, cervical facet medial branch block, topical medications and oral medications including opioids. Currently, the injured worker complains of left knee and neck pain. The injured worker states she has improved mobility and good pain relief with trigger point injections and good relief with physical therapy. Physical exam noted tenderness to palpation over C5-7 with mild tenderness over bilateral cervical paraspinals and decreased sensation of C2-S2 dermatome. The treatment plan included 16 further sessions of physical therapy, topical cream, wrist braces, medial branch block of C3-4, C5-6 and C6-7 and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L C3-4, C5-6, C6-7 Medial Branch Block: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet Block.

**Decision rationale:** CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. In this case, the request is for blocks at three levels which is not medically indicated by MTUS guidelines.

**Physical Therapy 2 Times a Week for 8 Weeks to Cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request is for 16 sessions of physical therapy which exceeds the guidelines of 8-10 visits over 4 weeks. Therefore the request is not medically necessary.