

<b>Case Number:</b>	CM14-0148954		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 30-year-old male, who reported injury on 11/08/2012. The mechanism of injury was that the injured worker fell off of a 2x4 framing 10 feet in the air and hit the top of his head to the right. The prior therapy included physical therapy. The diagnostic studies included a cervical MRI and an EMG and nerve conduction studies in 06/2014. The documentation of 08/13/2014 revealed the injured worker had complaints of axial neck pain with right upper trapezius pain, right worse than left. The injured worker had numbness in digits 4 and 5 on the right. The injured worker felt he had some grip loss. The surgical history was stated to be none. The medications were noted to include tramadol and orphenadrine. The injured worker had a positive Spurling's sign to the right with trapezius and shoulder symptoms. The injured worker had cervical extension increasing bilateral upper axial pain. Cervical flexion increased lower level bilateral axial upper cervical pain. Rotation and extension bilaterally caused pain. The injured worker had tenderness over C2-6, but was tenderer over the zygapophyseal joints bilaterally. Muscle strength was 5/5 in the bilateral upper extremities. The reflexes were difficult to obtain. The injured worker was noted to have an MRI of the cervical spine in 05/2014. The MRI revealed at C2-3 there was a right paracentral disc protrusion 2 to 3 mm in size. In addition to the anterior column pathology at C2-3, there were mild to moderate facet and ligamentum hypertrophic changes bilaterally. At C3-4, the levels were normal. At C5-6, there was minimal, 1 to 2 mm central disc protrusion. At C6-7, there was a minimal left-sided foraminal stenosis. At C7-T1, there was minimal left sided foraminal stenosis. The discussion included the injured worker had pain in the third occipital distribution, suggestive of injury to the C2-3 posterior elements. The physician opined that the injured worker had some evidence of injury to the anterior elements. The physician documented he would like to evaluate the source of pain with a diagnostic medial branch block to include C2, C3, and C4. The treatment plan

included medial branch block at C2, C3, and C4 bilaterally. There was a Request for Authorization submitted for review.

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

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

**Cervical medial branch block; bilateral C2, C3 and C4 under fluoroscopic guidance with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, Neck, Facet joint pain & symptoms; Official Disability Guidelines (ODG), Treatment index, Neck, Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines were sought. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine...limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 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...Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The clinical documentation submitted for review indicated the injured worker had Spurling's sign with right trapezius and shoulder symptoms. The injured worker had bilateral axial pain. The injured worker had decreased range of motion and the absence of radicular findings. However, there was a lack of documentation indicating the injured worker had a failure of conservative care prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating a necessity for IV sedation. There was a lack of documentation indicating the injured worker had extreme anxiety. Given the above, the request for Cervical medial branch block; bilateral C2, C3 and C4 under fluoroscopic guidance with conscious sedation is not medically necessary.