

<b>Case Number:</b>	CM13-0006075		
<b>Date Assigned:</b>	08/30/2013	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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.

### 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 underlying date of injury in this case is 11/01/2004. The primary reported diagnosis is localized primary arthritis of the lower leg. The patient is a 72-year-old man who additionally has the diagnosis of left-sided cervical facet pain. MRI imaging of 2/9/2013 demonstrated multilevel degenerative disc disease and multilevel bilateral foraminal stenosis. The treating physician note of 6/25/2013 noted that the patient reported neck pain which was worse on the left and not associated with significant radicular findings. On examination the patient had full flexion. He had exquisite pain with extension and rotation and significant limitation of rotation on the left, worse than the right and tenderness to palpation on the left side of the cervical facets, but not on the right. The attending physician recommended left cervical medial branch block at C4-5 and C5-6. The initial physician review noted that this patient was reported to have possible radicular symptoms and full cervical range of motion. Therefore, the reviewer recommended that the request be noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left cervical medical branch block C4-C5 and C5-6:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Neck - Facet Joint Diagnostic Blocks. .

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not directly address the issue of medial branch blocks. Official Disability Guidelines/Treatment in Workers Compensation/Neck states regarding facet joint diagnostic blocks "Clinical presentation should be consistent with facet joint pain, signs, and symptoms . . . Limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally." In this case the prior reviewer stated that this employee had possible radicular symptoms and full range of motion of the cervical spine. The medical records specifically indicate that this employee has full flexion, but the employee has exquisite pain with extension and rotation with significant limitation of rotation on the left side worse than the right. The treating physician also specifically states that this employee's presentation is predominantly axial. In this situation the description by the treating physician is classic for possible cervical facet mediated pain. The treatment guidelines have been classically met. This treatment is medically necessary. The request for outpatient left cervical medical branch block C4-C5 and C5-6 is medically necessary and appropriate.