

<b>Case Number:</b>	CM13-0010357		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Orthopedic Surgery 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 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 patient is a 66 year old male who was injured on 11/05/2003. Mechanism of injury is not available. Treatment history includes medication such as ibuprofen, hydrocodone and cyclobenzaprine. Clinic note dated 08/21/2013 documented the patient to have complaints of pain located in the left shoulder and left arm. Patient describes current pain as throbbing, numbness and tingling. Patient states current pain level is 7/10 based on a scale of 0/10. The patient states current function level is fair. Sleeping pattern is fair. Patient gets an average of 5-6 hours of sleep per night. Appetite is fair. The patient denies having any bowel or bladder incontinence, diarrhea or constipation. The patient denies the use of any laxatives at this time. The patient denies having any new neurological symptoms, nausea, vomiting, fever, chills, hearing or visual changes, shortness of breath, chest pain or headaches. The patient denies feeling tense, nervous, depressed or suicidal. Patient does not exercise on a regular basis. The patient states the pain does not interfere with daily activities. Physical examination of the patient's thoracic spine revealed no abnormalities. Patient with normal curvature of the spine. Upper extremity exam is positive for left shoulder tenderness, left suprascapular tenderness and spring back test of left upper extremity. Examination of the lumbar spine reveals negative drop arm sign. Patient's lumbar spine facets, sacroiliac joints, and sciatic notches are free of tenderness. The patient is noted to have no tenderness in the lower extremities. Examination of the spine reveals no scoliosis or kyphotic deformities. Diagnosis consists of T/S pain, brachial neuritis/radiculitis, idiopathic peripheral neuropathy and spinal cord-cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL CERVICAL MEDIAL BRANCH BLOCK, LEVEL C4-5, 6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks

**Decision rationale:** CA MTUS guidelines do not address the issue of medial branch blocks specifically other than that the facet injections are not recommended. As per ODG, clinical presentation should be consistent with facet joint pain, signs & symptoms, and the procedure should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There should also be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, this patient complained of pain in left side of neck, left mid back, and left arm/shoulder associated with numbness and tingling. On cervical spine exam, there was cervical spine tenderness and restricted motion but no mention about facet joint tenderness with palpation over the levels in question. Additionally, it is unclear if a formal course of physical therapy has been tried and failed. Therefore, the request for bilateral cervical medial branch block at level C4-5 and C6-7 is non-certified.