

<b>Case Number:</b>	CM13-0016312		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 47 year old female diagnosed with chronic neck strain, myofascial pain syndrome, possible facet mediated pain with date of injury 04/10/12. The patient symptoms include left greater than right sided neck pain and left greater than right-sided trapezial pain. The pain is present constantly but the intensity fluctuates. The pain radiates down the left arm and she has tingling and burning sensation that extends into left upper arm usually to the level of the left elbow. On exam, patient had left paracervical and trapezial muscular tenderness and guarding. Facet maneuvers were positive at greater on the left than the right. Range of motion of cervical spine motion was approximately 50-60 percent of normal in 6 primary directions. Magnetic Resonance Imaging (MRI) of the cervical spine on May 21, 2012 documented the following: C4-5: 1-2 mm bulge; C5-6: 2-3 mm left-sided bulging causing moderate left neuroforaminal narrowing. On August 2, 2012, patient underwent a left C7 epidural injection and the pain reported got worse for 2 weeks but then stabilized at pre-injection level. Due to the positive facet loading maneuvers and the signs and symptoms, a request was made for a trial of a single series of facet injections (medial branch blocks). At issue is whether cervical medial branch block with fluoroscopic guidance and IV sedation to C4, C5, and C6 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Block with fluoroscopic guidance and IV sedation to C4, C5, C6:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Table 8-8.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS Recommendation for Evaluating and Managing Neck and Upper Back Complaints states the following regarding injections: epidural injection of corticosteroids to avoid surgery and Botulinum toxin(dystonia only) are optional therapies while facet injection of corticosteroids and diagnostic blocks are not recommended. The patient is reporting radicular symptoms. Facet injection is not recommended in the setting of radicular symptoms and other neck and back complaints. Therefore cervical medial branch block with fluoroscopic guidance and IV sedation to C4, C5, and C6 is not medically necessary.