

<b>Case Number:</b>	CM13-0022687		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Oklahoma and 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 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. 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 53-year-old female who reported an injury on 01/29/2002, mechanism of injury not stated. She was reported on 03/06 06/2013 to have been seen by [REDACTED] for pain management. She was reported to complain of pain in her back, neck and knee. She was noted to have pain that was worse in the low back and upper back. She was reported to have not yet started PT and was confused with a differing physician's orders. She reported that Percocet use made her a little lightheaded. She was noted to have decreased range of motion in the cervical spine and cervical rotation bilaterally, positive facet loading and positive tenderness to palpation over the cervical spine. She was noted to have myofascial spasms over the upper, mid and lower back. At that time, her Percocet was discontinued, and she was given a prescription for Norco. The patient was seen again on 08/20/2013 by [REDACTED] and was reported to complain of worse pain in the back and neck between the shoulder blades. She reported that PT was helpful, but she had persistent pain. On physical examination, she continued to have decreased range of motion of the cervical spine in rotation bilaterally, positive facet loading and tenderness to palpation over the cervical spine. She was noted to have myofascial spasms in the upper back. A request was made for bilateral medial branch blocks at C5, C6 and C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral cervical medial branch block at C5, C6, C7 between 8/20/13 and 10/22/13:**  
Upheld

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

**MAXIMUS 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), Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The patient is a 53-year-old female who reported an injury on 01/29/2002. She is reported to complain of ongoing back pain, neck pain and knee pain. She was noted to have treated conservatively with physical therapy and was reported to state that her worst pain was in her back and neck and between her shoulder blades. She was noted to have decreased range of motion of the cervical spine in rotation, to have positive facet loading, tenderness to palpation over the cervical spine and myofascial spasms in the upper back. The California MTUS Guidelines state that facet joint injections are not recommended. The Official Disability Guidelines recommend diagnostic blocks for facet nerve pain for patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally with documentation of the failure of conservative care, including home exercise, PT and NSAIDS. Although the patient is noted to have pain on rotation of the spine and positive tenderness over the facet joints as well as positive facet loading, there is no documentation of tenderness over the facets, or at what levels, there is no indication that the patient is being planned for a radiofrequency neurotomy of the facet joints, and the patient is not noted to have failed conservative care as she reported that it was helpful on 08/20/2013. Based on the above, the request for 1 bilateral cervical medial branch block at C5, C6 and C7 between 08/20/2013 and 10/22/2013 is non-certified.