

<b>Case Number:</b>	CM13-0023507		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier cervical epidural steroid injection therapy; multiple interventional spine procedures involving the cervical spine, including earlier cervical medial branch blocks and radiofrequency neurotomy procedures, per the claims administrator; and topical medications. In a Utilization Review Report dated August 20, 2013, the claims administrator denied a request for repeat cervical medial branch blocks. The applicant's attorney subsequently appealed. In a September 13, 2013 progress note, the applicant was described as having multifocal pain complaints. Additional acupuncture was sought. The applicant was given diagnoses of nonspecific neck pain, cervical degenerative disk disease, and fibromyalgia. The applicant did have multifocal tender points suggestive of fibromyalgia, it was stated, and was also reporting some radiation of neck pain to the bilateral upper extremities. In a progress note of January 16, 2013, the applicant received cervical trigger point injections for cervicogenic headaches. The applicant did receive C4 through C6 radiofrequency neurotomy procedures/radiofrequency ablation procedures on November 27, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MEDIAL BRANCH NERVE BLOCKS AT C6, C7, AND POSSIBLY AT T1 AT APOGEE OUTPATIENT SURGERY CENTER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, the diagnostic medial branch blocks being sought here are deemed not recommended. In this case, it is further noted that there is considerable lack of diagnostic clarity as the applicant has been given various diagnoses, including cervical radiculopathy, fibromyalgia, cervical degenerative disk disease, facetogenic neck pain, cervicogenic headaches, etc. Thus, the applicant does not appear to have bona fide facetogenic neck pain for which repeat medial branch blocks are being sought. It is further noted that it was never clearly stated why repeat medial branch blocks were being sought as the applicant had reportedly had earlier cervical radiofrequency neurotomy procedures. Therefore, the request is deemed not medically necessary, both owing to the considerable lack of diagnostic clarity here as well as the unfavorable ACOEM recommendation.