

<b>Case Number:</b>	CM13-0027502		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/18/1989
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & 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. 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 50-year-old female who reported an injury on 06/18/1989 due to a fall. The patient developed chronic pain of the lumbar and cervical spine. The patient's chronic lumbar pain was successfully treated with radiofrequency ablations. The patient's most recent clinical documentation noted that the patient had low back pain radiating into the lateral thighs, exacerbated by activity. Physical findings included significant pain with range of motion, myofascial trigger points, and facet joint pain at the C6-7 level. The patient's treatment plan included medial branch blocks at the C5-6 and C6-7 levels followed by radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 bilateral medial branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 and Upper Back Chapter.

**Decision rationale:** The requested C5-6 bilateral medial branch block is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the

patient has facet mediated pain at the C6-7 level. Official Disability Guidelines recommend medial branch blocks as a diagnostic tool in preparation for radiofrequency ablation for patients who have facet mediated pain that has failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient is not participating in an active therapy program for the cervical spine deficits. Official Disability Guidelines state that there must be a documentation of failure of conservative treatment to include home exercise, physical therapy, and medications, at least four to six weeks prior to the procedure. Clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to conservative treatments directed to the cervical spine. As such, the requested C5-6 bilateral medial branch block is not medically necessary or appropriate.

**C6-C7 bilateral medial branch blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 and Upper Back Chapter.

**Decision rationale:** The requested C6-7 bilateral medial branch block is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has facet mediated pain at the C6-7 level. Official Disability Guidelines recommend medial branch blocks as a diagnostic tool in preparation for radiofrequency ablation for patients who have facet mediated pain that has failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient is not participating in an active therapy program for the cervical spine deficits. Official Disability Guidelines state that there must be documentation of failure of conservative treatment to include home exercise, physical therapy, and medications, at least 4 to 6 weeks prior to the procedure. Clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to conservative treatments directed to the cervical spine. As such, the requested C6-7 bilateral medial branch block is not medically necessary or appropriate.