

<b>Case Number:</b>	CM13-0038845		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury from 05/10/2006 through 12/07/2011. The mechanism of injury was not provided. The diagnosis was per the application of independent medical review which revealed left shoulder tendinopathy and cervicgia on the right. The request was made for a medial branch block at C5-6 and C6-C5 with SI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**he request for medial branch block at C5-6 and C6-C5 with SI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** ACOEM Guidelines do not recommend diagnostic facet blocks for acute, subacute, and chronic regional neck pain as diagnostic blocks were noted to have no proven benefit in treating acute neck and upper back symptoms. However, it was further indicated that many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, secondary guidelines were sought. Official Disability Guidelines recommend the criteria for the use of

diagnostic blocks for facet nerve pain, which includes the patient should have the clinical presentation that is consistent with facet joint pain, signs, and symptoms, which include axial neck pain either with or without radiation past the shoulders, tenderness to palpation in the paravertebral areas, decreased range of motion, and the absence of radicular and/or neurologic findings. Additionally, it further states, if radiation to the shoulders is noted, pathology in this region should be excluded. There should be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. There was a lack of documentation of a physical examination to support the request. Additionally, there would need to be clarification to the level and what was intended for the letters SI. Given the above and the lack of documentation, the request for medial branch block at C5-6 and C6-C5 with SI is not medically necessary.