

<b>Case Number:</b>	CM13-0041830		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 55 year old female with an injury date of 10/25/07. Based on the 10/23/13 progress report provided by [REDACTED], the patient complains of chronic cervical pain, right arm pain, neck pain and headache rated 8/10. She is status post C4, 5, 6 fusion, anterior cervical discectomy and fusion. On physical examination of the cervical spine the range of motion was limited on all planes. Crepitus was noted. There was decreased sensation along the C4, 6 nerve distribution. She has severe stenosis at C3/4, which may be surgical. Her medications include Nucynta, Celebrex, Lidoderm and Voltaren gel. Under Treatment Plan section of progress report dated 10/23/13, provider states "consider C2345 MBB for neck pain, for diagnosis/treatment effect. Diagnosis 10/23/13 are degenerative cervical intervertebral disc; postlaminectomy syndrome cervical region; spinal stenosis in cervical region; spasm of the muscle and unspecified myalgia and myositis. [REDACTED] is requesting Medial Branch Blocks (MBB) at C3, 4, 5 and 6. The utilization review determination being challenged is dated 10/25/07. The rationale is: "patient does not meet criteria." [REDACTED] is the requesting provider, and he provided treatment reports from 09/17/12 - 10/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT MEDIAL BRANCH BLOCKS (MBB) AT C3,4,5 & 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter for Facet joint therapeutic steroid injections: CERVICAL THERAPEUTIC FACET INJECTIONS

**Decision rationale:** The patient presents with chronic cervical pain, right arm pain, neck pain and headache. The request is for Medial Branch Blocks (MBB) at C3, 4, 5 and 6. She is status post C4, 5, 6 fusion, anterior cervical discectomy and fusion. The provider is considering procedure for diagnosis and treatment effect. ODG guidelines have the following regarding Facet joint signs and symptoms: " C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms: No more than 2 joint levels are injected in one session (see above for medial branch block levels). Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated." The request is for 3 joint levels, and per progress report dated 10/23/13, provider states that patient has severe stenosis at C3, 4, which may be surgical. The request does not meet guideline indications. Therefore, this request is not medically necessary.