

<b>Case Number:</b>	CM13-0042322		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	11/20/2004
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 78-year-old female who reported an injury on 11/20/2004, after she fell. The patient ultimately underwent discectomy and fusion of the cervical spine at the C6-7 level. The patient's postsurgical history has included activity modifications, physical therapy, and an epidural steroid injection. The patient was evaluated on 10/02/2013. It was documented that the patient had good strength in her bilateral upper extremities and radiating pain into her right little finger, some residual numbness to her left little finger. It was noted that the patient had undergone an MRI that documented facet degeneration and arthritis at the C7-T1 level. The patient's treatment plan included a right-sided C7-T1 injection or medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT MEDIAL BRANCH BLOCK C7-T1: 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 Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Injections (diagnostic).

**Decision rationale:** The requested right medial branch block at the C7-T1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address medial branch blocks. Official Disability Guidelines recommend medial branch blocks for patients with facet-mediated pain that is well documented upon physical examination. The clinical documentation submitted for review does indicate that the patient has MRI findings of facet changes at the C7-T1 level. However, the patient's physical examination does not provide any evidence of facet-mediated pain. Therefore, a right medial branch block at the C7-T1 would not be medically necessary or appropriate.