

<b>Case Number:</b>	CM13-0046073		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/24/1991
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 68-year-old male who reported an injury on 02/24/1991. The mechanism of injury was not provided. The patient underwent a cervical MRI in 02/2013 that revealed the patient had C5-6 and C6-7 disc space fusions, multilevel neural exit foraminal encroachment, degenerative changes of the facet joints at the C4-5 and C3-4 levels. Prior treatments included cervical epidural steroid injections that provided minimal relief and pain medications. The patient's most recent clinical evaluation revealed cervical extension with rotation and lateral flexion which caused facet loading and positive right and left upper lumbosacral tenderness and documentation of axial pain. The patient's diagnoses included cervical facet arthropathy, cervical radiculopathy, and cervical failed back surgery syndrome. The patient's treatment plan included right TON medial branch blocks of the C3-4, possible left C5, C6, and C7 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Right TON Medial Branch Block at C3-4 QTY: 2.00: 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), Facet joint pain, Low Back Chapter, Updated 5/10/2013: signs and symptoms, and the Neck Chapter Updated 4/15/13.

**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 joint diagnostic blocks

**Decision rationale:** The requested right TON medial branch block at the C3-4, quantity 2 is not medically necessary or appropriate. Official Disability Guidelines recommend medial branch blocks for patients who have documentation of facet generated pain. The clinical documentation does indicate that the patient has facet mediated pain that is supported by an imaging study that shows facet degenerative changes at the requested level. However, Official Disability Guidelines only recommend 1 set of medial branch blocks prior to neurotomy. Therefore, the need for a series of 2 medial branch blocks is not clearly established. As such, the requested right TON medial branch block at the C3-4, quantity 2 is not medically necessary or appropriate.