

<b>Case Number:</b>	CM13-0056903		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2006
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 69-year-old female who reported an injury on 10/21/2006. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post cervical spine surgery with posterior fusion and internal fixation, as well as mid-back pain and thoracic disc disease. The patient was seen by [REDACTED] on 10/01/2013. The patient reported neck pain with headaches and radiation to bilateral upper extremities. Physical examination of the cervical spine revealed absent range of motion, severe facet joint tenderness, tightness, trigger points, and intact sensation. Treatment recommendations included continuation of current medication and authorization for bilateral medial branch nerve blocks at C5, C6, and C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral medial branch nerve blocks at C5, C6, and C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, facet joint diagnostic blocks (injections) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Injections.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that invasive techniques, such as facet joint injection have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines indicate that the clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, there is no evidence of a recent failure of conservative treatment, including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs). There were no imaging studies provided for review. Based in the clinical information received, the request is non-certified.