

<b>Case Number:</b>	CM13-0060095		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Internal Medicine, has a subspecialty in Emergency 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 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:

This patient is a 59-year-old with a date of injury of 06/12/08. A progress report associated with the request for services, dated 11/14/13, identified subjective complaints of neck pain with radiation into the left arm. Objective findings included tenderness to palpation of the cervical spine. Motor and sensory functions were normal. Diagnoses included cervical disc disease with spinal stenosis. Treatment has included a medial branch nerve block on 11/04/13. On the 11/14/13 visit, the patient reported a 70% reduction in pain. He is on chronic oral opioids. A Utilization Review determination was rendered on 11/20/13 recommending non-certification of "retro (dos 11/4/13) medial branch nerve block at left C5, C6, and C7".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO (DOS 11/4/13) MEDIAL BRANCH NERVE BLOCK AT LEFT C5, C6, AND C7:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. The Official Disability Guidelines (ODG) states that facet joint

medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: One set of diagnostic medial branch blocks is required with a response of > 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; no more than two facet joint levels are injected in one session (3 nerves). IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety. To more accurately locate the level of involvement, the amount of injective should be limited to 0.25 - 0.5 cc. Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. The Guidelines state that facet medial branch blocks are not recommended. Likewise, when performed, they should not exceed two joint levels. The non-certification was based upon injection of multiple levels and with an amount of injective not recommended. Therefore, in this case, there is no documentation in the record for the medical necessity for the retrospective approval of a medial branch block at C5, C6, and C7.