

<b>Case Number:</b>	CM13-0060695		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/26/2013
<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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old female who reported injuries resulting from a stack of refrigerators falling on top of her on 04/22/2009. On 09/13/2013, her complaints included neck and bilateral upper extremity pain. She rated her pain at 7/10 to 8/10. Her medications included orphenadrine 100 mg, docusate 100 mg, Norco 10/325 mg, omeprazole 20 mg, Geodon 40 mg, Topamax 200 mg, and Wellbutrin SR150 mg. She stated that the Norco and the orphenadrine were helping her pain. Among her prior interventions were epidural steroid injections, a TENS Unit, work restrictions, trigger point injections, home exercises, ice/heat application, massage, chiropractic, and 18 sessions of physical therapy between 06/23/2009 and 11/18/2009. The treatment plan recommendations included continuing with her pain support group and using the TENS Unit. There was no rationale or Request for Authorization included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BILATERAL CERVICAL MEDIAL BRANCH BLOCK AT C3-C4 AND C4-C5 LEVELS UNDER FLUOROSCOPY AND ANESTHESIA (BETWEEN 11/20/13 AND 1/4/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for 1 bilateral cervical medial branch block at C3-4 and C4-5 levels under fluoroscopy and anesthesia between 11/20/2013 and 01/04/2014 is non-certified. The California ACOEM guidelines recommend that invasive techniques, including local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Medial branch blocks offer no significant long term functional benefit, nor do they reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. Among the criteria for use of diagnostic blocks are that there should be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs, prior to the procedure for at least 4 to 6 weeks. Also, that the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. There was no documentation submitted regarding failure of conservative treatment, including home exercise, physical therapy, and NSAIDs, prior to the procedure for at least 4 to 6 weeks. Additionally, the request included anesthesia for which may be grounds to negate the results of the diagnostic block and should only be given in cases of extreme anxiety. There is no record of the injured worker having a diagnosis of anxiety. There was no request for a facet neurotomy. The clinical information submitted failed to meet the evidence-based guidelines for medial branch block. Therefore, request for one Bilateral Cervical Medial Branch Block At C3-4 And C4-5 Levels Under Fluoroscopy And Anesthesia is not medically necessary.