

<b>Case Number:</b>	CM13-0061478		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/26/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 and 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 patient is a 52 year old female who reported an injury on 1/28/08 when she fell off her chair and landed on her left side. The 9/3/13 clinic note reported a complaint of pain in the left shoulder. The note indicated left shoulder pain with burning, and neck pain with radiation into the jaw and shoulders bilaterally. Her pain was rated as 7/10 with medication, and 9/10 without. The exam reported 20 degree extension, 60 degree right side rotation, and 45 degrees on the left. Her 9/25/13 MRI revealed a 2mm disc bulge at C5-6, and 2-3mm at C6-7. She was recommended acupuncture, chiropractic therapy, and an injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT MEDIAL BRANCH BLOCK AT C3, C4, C5, AND C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines state that diagnostic facet injections may be indicated when clinical presentation is consistent with facet joint pain, signs, and symptoms, including axial neck pain with no radiation past the shoulders, tenderness to palpation over the

facet region, decreased range of motion, and absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. The documentation submitted stated that the patient's diagnoses included sprain of the cervical spine with upper extremity radiculitis with radiation into the shoulders. The physical exam findings do not meet guideline requirements. As such, the request is non-certified.