

<b>Case Number:</b>	CM13-0062621		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/18/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 & Rehabilitation and is licensed to practice in California. 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:

This 50 year-old female sustained an injury on 8/18/12 while employed by [REDACTED]. Request under consideration include Left cervical medial branch blocks with fluoroscopic guidance C4-C5 and C5-C6. Report of 11/18/13 from provider noted patient with left shoulder, neck, upper neck pain radiating to skull and triggering headaches and left elbow pain. Medications list Gabapentin, Cyclobenzaprine, Lidoderm patch, Tramadol, Lunesta, Advair, and Diovan. Previous conservative care has included physical therapy with temporary relief. MRI of the cervical spine on 11/7/12 noted cervical spinal cord appears normal with impression of degenerative disc disease at C5-6. MRI of lumbar spine on 11/2/10 showed mild facet degenerative changes at L3-4; left 1 mm disc bulge at L4-5 with minimal foraminal narrowing. Exam noted left-sided antalgic gait; cervical spine range restricted with ext to 30 degrees and left lateral bending of 30 degrees; thoracic and lumbar spine with full range of motion; SLR at 90 degrees negative; heel and toe walk are normal; lumbar facet negative. Office treatment procedures included bilateral occipital nerve blocks and trigger point injections in cervical paravertebral x 10. Diagnoses included osteoarthritis shoulder; cervical facet arthropathy; myofascial pain syndrome; lumbar radiculitis; SI joint syndrome; lumbar degenerative disc and stenosis; bursitis trochanteric; lumbosacral facet arthropathy; and occipital neuralgia. Request for cervical medial branch blocks were non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cervical medial branch blocks with fluoroscopic guidance C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

**Decision rationale:** The Physician Reviewer's decision rationale: Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. There is no report for electrodiagnostic studies for the P&S injury of 2012 and MRI report has no indication for significant facet arthropathy as it was reported to be normal. Submitted reports have no indication for failed conservative trial for diagnoses of cervical sprain nor were there any clinical findings suggestive of facet arthrosis. Criteria per Guidelines have not been met. The Left cervical medial branch blocks with fluoroscopic guidance C4-C5 and C5-C6 is not medically necessary and appropriate.