

<b>Case Number:</b>	CM13-0063477		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 orthopedic spinal surgery and is licensed to practice in New York, New Hampshire and Washington. 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 complains of neck low back and right shoulder pain. She also has headaches. She is taking multiple medications to include hydrocodone and Naprosyn. She also is depressed. Physical examination of the cervical spine reveals tenderness over palpation of the neck. Lumbar spine exam reveals tenderness palpation lumbar spine. There is reduced range of neck and lumbar spine motion. There is paraspinal muscle spasm in both the neck and low back. Reflexes are normal in the bilateral upper and lower extremities. Motor exam is normal in the bilateral upper and lower extremities. MRI the cervical spine from August 2009 shows annular disc bulge at C3-4 C4-5 C5-6 and C6-7. Lumbar MRI from March 2009 shows lumbar disc degeneration L5-S1 and L4-5. Patient had previous cervical epidural steroid injection. Patient also had previous rhizotomy injections. The length of pain relief from these injections is not documented. At issue is whether cervical medial branch block is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Medial Branch Block at C5-C7: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**Decision rationale:** According to the medical records reviewed, the patient has ongoing low back and neck pain. The patient has a date of injury dating back to 2005. The patient had previous rhizotomy treatment that was 90% effective however the duration of the effectiveness as not provided and the medical records. The patient had previous trans-facet epidural steroid injection for upper extremity radicular symptoms. The patient received 80% relief of complaints of pain from that injection. The patient does not meet criteria for cervical facet injection treatment. Specifically there is no documentation to tenderness of the facet joints and the cervical spine. In addition the patient also had epidural injections cervical spine with relief of symptoms. The patient had previous rhizotomy treatment which is 90% effective however duration is not given. Criteria for multilevel cervical medial branch block treatment not met. In addition guidelines indicate that no more than 2 levels of injection should be performed at any one time. Therefore, the request for Bilateral Medial Branch Block at C5-C7 is not medically necessary and appropriate.