

<b>Case Number:</b>	CM13-0064355		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/05/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 claimant, a 59 year old man was injured 3/5/03, diagnosed with rotator cuff syndrome (726.1) and has undergone arthroscopy of the shoulder - subacromial decompression, Mumford, SLAP repair and biceps tendon release. His pain specialist noted that the patient has facet arthropathy C2-3 and C3-4, causing occipital neuralgia. Cervical MRI showed degenerative disease C5-6. He is requesting bilateral median branch block of the cervical spine, C3,4, to 5. He is also being considered for a revised subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL MEDIAN BRANCH BLOCK C3,4,5 TO CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Medial Branch Blocks

**Decision rationale:** These are only recommended as a diagnostic tool prior to facet neurotomy. Only 2 levels can be done for non-radicular pain. He already had a radiofrequency rhizotomy

with improvement of headaches. Per ODG guidelines, median nerve blocks should be done for cervical pain that is non-radicular. It is not indicated for occipital pain, and hence denied.