

<b>Case Number:</b>	CM13-0064808		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 65 year-old with a date of injury of 04/06/10. A progress report associated with the request for services, dated 11/14/13, identified subjective complaints of neck pain. There is no mention of radiating pain. Objective findings included tenderness to palpation of the cervical spine with decreased range-of-motion. There was increased pain with facet loading. There was no dermatomal weakness. Sensation is not mentioned. Reflexes were diffusely diminished. A previous MRI of the lumbar spine and shoulder are noted, but none of the cervical spine. Diagnoses included cervical facet syndrome. Treatment has included oral analgesics and anti-seizure agents. A Utilization Review determination was rendered on 12/11/13 recommending non-certification of "cervical medial branch block right C4; cervical medial branch block right C5; and cervical medial branch block right C6".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL MEDIAL BRANCH BLOCK RIGHT C4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: NECK.

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

**Decision rationale:** In this case, the criteria have not been met. Specifically, there is no documentation of the failure of conservative management. Physical therapy was ordered concurrently with the request for the blocks. There is no mention of anti-inflammatory therapy or home exercises. Therefore, there is no documentation in the record for the medical necessity of a medial branch block at C4. The request is not medically necessary or appropriate.

**CERVICAL MEDIAL BRANCH BLOCK RIGHT C5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: NECK.

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

**Decision rationale:** In this case, the criteria have not been met. Specifically, there is no documentation of the failure of conservative management. Physical therapy was ordered concurrently with the request for the blocks. There is no mention of anti-inflammatory therapy or home exercises. Therefore, there is no documentation in the record for the medical necessity of a medial branch block at C4. The request is not medically necessary or appropriate.

**CERVICAL MEDIAL BRANCH BLOCK RIGHT C6:** 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 Chapter.

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

**Decision rationale:** In this case, the criteria have not been met. Specifically, there is no documentation of the failure of conservative management. Physical therapy was ordered concurrently with the request for the blocks. There is no mention of anti-inflammatory therapy or home exercises. Therefore, there is no documentation in the record for the medical necessity of a medial branch block at C4. The request is not medically necessary or appropriate.