

<b>Case Number:</b>	CM13-0065568		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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 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:

According to the records made available for review, this is a 55-year-old male with a 6/5/13 date of injury. At the time (10/11/13) of request for authorization for bilateral C4-5 facet joint medial branch blocks and bilateral C5-6 facet joint medial branch blocks, there is documentation of subjective (neck pain rated as an 8 out of 10 with spasms and tightness of the upper back) and objective (tenderness to palpation over the splenius capitis, facet joints and upper trapezius muscle, positive facet loading, decreased cervical range of motion, ) findings, imaging findings (MRI of the cervical spine (9/16/13) report revealed), current diagnoses (probable cervical facet syndrome and superimposed cervical myofascial pain), and treatment to date (medications and therapy services). In addition, 10/11/13 medical report plan identifies cervical medial branch blocks at bilateral C4-5 and C5-6 along with NSAIDs(non-steroidal anti-inflammatory drugs), muscle relaxants, Norco and chiropractic treatment. There is no documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL C4-5 FACET JOINT MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck And Upper Back (Acute And Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** MTUS reference to Neck and Upper Back Complaints ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of probable cervical facet syndrome and superimposed cervical myofascial pain. In addition, there is documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, and no more than 2 joint levels to be injected in one session. However, given documentation of a plan identifying cervical medial branch blocks at bilateral C4-5 and C5-6 along with NSAIDs, muscle relaxants, Norco, and chiropractic treatment, there is no documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for bilateral C4-5 facet joint medial branch blocks is not medically necessary and appropriate.

**BILATERAL C5-6 FACET JOINT MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck And Upper Back (Acute And Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of probable cervical facet syndrome and superimposed cervical myofascial pain. In addition, there is documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, and no more than 2 joint levels to be injected in one session. However, given documentation of a plan identifying cervical medial branch blocks at bilateral C4-5 and C5-6 along with NSAIDs, muscle relaxants, Norco, and chiropractic treatment, there is no documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for bilateral C5-6 facet joint medial branch blocks is not medically necessary and appropriate.

