

<b>Case Number:</b>	CM14-0002575		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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:

The patient has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 15, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for C7-T1 facet medial branch block while approving radiofrequency Rhizotomy procedure at C4-C5, radiofrequency ablation procedure at C7-T1, oxycodone, and Soma. In a medical legal evaluation dated November 19, 2008, it was noted that the applicant had had earlier facet injections to the cervical spine with temporary relief, including as early as 2008. The applicant had retired from the workplace, it was acknowledged, and was no longer working as a state traffic officer. The applicant had both medial branch blocks and radiofrequency ablation procedures at various points in 2008, it was further stipulated. In a progress note dated January 9, 2014, the applicant was described as having persistent complaints of neck pain. The applicant was using Soma and Oxycodone. The applicant exhibits diminished range of motion and patchy sensory changes about the right upper extremity with symmetrically diminished reflexes. The applicant was given diagnoses of chronic neck pain status post laminectomy, cervical stenosis, and right C5 and C6 radiculopathy. The attending provider suggested appealing the previously denied facet medial branch block at C7 and T1. Oxycodone and Soma were renewed. The applicant is already permanent and stationary, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 FACET MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.

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

**Decision rationale:** As noted in the MTUS adopted ACOEM Guidelines in Chapter 8, table 8-8, both facet injection of corticosteroids and the diagnostic medial branch block seemingly being sought here are deemed not recommended. In this case, it is noted that the applicant has had earlier facet blocks over the course of the claim as well as radiofrequency ablation procedures. The applicant has failed to affect any lasting benefit or functional improvement as defined in MTUS 9792.20f despite completion of the same. The applicant has failed to return to work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on analgesic medication such as Oxycodone and Soma. Therefore, the request is not medically necessary both owing to the unfavorable ACOEM recommendation as well as owing to the applicant's poor response to earlier facet blocks, including intra-articular facet blocks, medial branch blocks, and radiofrequency ablation procedures, not indicated. Accordingly, C7-T1 Facet Medial Branch Block is not medically necessary.