

<b>Case Number:</b>	CM14-0003793		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/31/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology 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:

The injured worker is a 54 year old female who reported an injury on 10/01/2006, due to cumulative trauma. The clinical note dated 02/06/2014 noted the injured worker presented with neck pain and a throbbing headache behind her left eye. The physical exam revealed right shoulder range of motion of 150 degrees lateral abduction, 150 degrees of full forward flexion, 30 degrees of extension, and 30 degrees of internal and external rotation, with a positive impingement sign. There was crepitus on circumduction, and a positive Adsons and hyperabduction maneuver in both upper extremities that caused complete diminution of the radial pulses. The MRI performed on 07/15/2013 revealed a superimposed pattern in the C6-C6 disc herniation that was moderate in size and projecting posteriorly to the left, encroaching upon the left neural foramen. Minimal disc buldges were also seen at C3-C4 and C4-C5. The posterior lateral disc herniation at C6-C7 were impinging upon the anterior aspect of the dural sac and left neural foramen. The provider is requesting a medial branch block. The request for authorization form was not included in the provided documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK:** 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 And Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Upper Back, Facet Diagnostic Block.

**Decision rationale:** The Official Disability Guidelines recommend that the clinical presentation should be consistent with facet joint pain signs & symptoms. The guidelines note facet injections are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, PT and NSAIDs, and no more than 2 joint levels should be injected in one session. The included medical documents have no mention of failed conservative treatment. The request did not specify the joint levels for the intended procedure. There was a lack of documentation indicating facetogenic pain and there was a lack of documentation of a negative neurologic exam. Therefore, the request is not medically necessary.