

<b>Case Number:</b>	CM14-0006402		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 is a 62 year old female with date of injury 2/8/2001. The mechanism of injury is stated as a fall. The patient has complained of neck, upper and lower back as well as diffuse body pain since the date of injury. She has been treated with lumbar spine fusion surgery at L4-5 (further specifics not given) physical therapy, acupuncture, medications and cervical epidural steroid injections. Radiographs of the right knee performed in 2013 revealed medial and lateral mild degenerative joint changes. Objective: decreased and painful range of motion of the cervical and lumbar spines, tenderness to palpation of the cervical spine facet joints at C3-4, 4-5 and 5-6; lumbar spine paraspinous musculature tenderness to palpation bilaterally. Diagnoses: cervical spine degenerative disc disease, lumbar spine disc disease, sciatica, chronic pain syndrome. Treatment plan and request: Cervical medial branch nerve block at C2, C3, and TON bilaterally with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical medial nerve block at C2, C3, and TON bilaterally with fluoroscopy:** 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, Facet Diagnostic Blocks

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

**Decision rationale:** This 62 year old female has complained of neck, upper and lower back as well as diffuse body pain since date of injury 2/8/2001. She has been treated with lumbar spine fusion surgery at L4-5 (further specifics not given) physical therapy, acupuncture, medications and cervical epidural steroid injections. The current request is for Cervical medial branch nerve block at C2, C3, and TON bilaterally with fluoroscopy. Per the MTUS guidelines cited above, invasive techniques (needle acupuncture and injection procedures, such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space) have no proven benefit in the treatment of neck and upper back complaints. On the basis of the MTUS guidelines, cervical medial branch nerve block at C2,3 and TON bilaterally with fluoroscopy is not medically necessary.

**Intravenous sedation:** 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, Facet Diagnostic Blocks

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

**Decision rationale:** This 62 year old female has complained of neck, upper and lower back as well as diffuse body pain since date of injury 2/8/2001. She has been treated with lumbar spine fusion surgery at L4-5 (further specifics not given) physical therapy, acupuncture, medications and cervical epidural steroid injections. The current request is for IV sedation. Invasive techniques (needle acupuncture and injection procedures, such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space) have no proven benefit in the treatment of neck and upper back complaints. On the basis of the MTUS guidelines, cervical medial branch nerve block at C2,3 and TON bilaterally with fluoroscopy is not medically necessary. Therefore, IV sedation for said procedure is also not indicated as medically necessary.