

<b>Case Number:</b>	CM14-0106158		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on May 12, 2008. The most recent progress note, dated June 2, 2014, indicates that there were ongoing complaints of right-sided neck pain and right shoulder pain. Pain is rated at 7/10 at its worst and 2/10 at its best. Current medications include Gralise, Ibuprofen, and a multivitamin. The physical examination demonstrated pain with facet loading on the right side at C3, C4, C5, and C6 There was tenderness and spasms over the cervical spine paraspinal muscles and decreased cervical spine range of motion. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine revealed a disc osteophyte complex at C3 - C4, C5 - C6, and C6 - C7. Previous treatment includes a left and right rotator cuff repair, physical therapy, home exercise, ice/heat, and oral medications. A request had been made for cervical spine medial branch blocks and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Blocks (non-specific): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper Back, Facet joint diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for diagnostic facet blocks includes that no more than two joint levels are injected at one session. This request does not specify which or how many levels are to be injected, and the attached medical record indicates potential facet involvement at four levels. As such, this request for cervical medial branch blocks is not medically necessary.