

<b>Case Number:</b>	CM14-0013639		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 is a 63-year-old male who has submitted a claim for cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, cervical degenerative disc disease, lumbar/lumbosacral degenerative disc disease, cervicgia, cervicocranial syndrome, lumbago, thoracic/lumbosacral neuritis radiculitis, and myalgia and myositis; associated with an industrial injury date of 01/17/2007. Medical records from 2012 to 2014 were reviewed and showed that patient complained of constant neck and low back pain. Physical examination showed facet tenderness over the cervical and lumbar spines. Crepitus with movement was noted. Range of motion was limited. Motor and sensory testing was normal. MRI of the cervical spine, dated 02/11/2013, showed degenerative disc and osteophyte disease at the C5/C6 and C6/C7 levels with moderate canal stenosis, mild to moderate left and mild right C5/C6 neural foraminal narrowing, with additional mild neural foraminal narrowing from C3/C4 through C6/C7 levels, and moderate C7/T1 facet disease with additional mild to moderate facet arthropathy at the remaining cervical levels. Treatment to date has included medications, home exercise program, and physical therapy. Utilization review, dated 01/17/2014, denied the request for medial branch blocks because there was no documented facet tenderness, and there was pain radiation past the shoulders with neurologic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT MEDIAL BRANCH BLOCK (MBB) AT THE LEFT C2,C3,C4,C5:**

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 Chapter, updated 12/16/13.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, facet injections are recommended for non-radicular facet mediated pain. In addition, the Official Disability Guidelines states that diagnostic medial branch blocks are indicated with 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 are injected in one session. In this case, the patient complains of constant neck pain despite medications and physical therapy. Physical examination showed facet tenderness, and no signs of neurologic deficit. However, there is no documentation of failure of conservative treatment 4-6 weeks prior to the requested procedure. Furthermore, the present request exceeds the number of recommended levels of injection. Therefore, the request for Outpatient Medial Branch Block (MBB) at the left C2, C3, C4, and C5 is not medically necessary.