

<b>Case Number:</b>	CM14-0016376		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 05/14/2007. The mechanism of injury was not stated. Current diagnoses include cervical pain and cervical degenerative disc disease. The injured worker was evaluated on 09/19/2013. The injured worker reported 6/10 pain. Physical examination revealed painful range of motion of the neck, shoulders, and bilateral upper extremities; reduced range of motion of the lumbar spine, and an antalgic gait. Treatment recommendations at that time included continuation of current medication. A Request for Authorization was then submitted on 09/19/2013 for a cervical medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CERVICAL MEDIAL BRANCH BLOCK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Diagnostic Block.

**Decision rationale:** California MTUS/ACOEM practice guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back

symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker's physical examination does not reveal evidence of facet-mediated pain. There is also no evidence of an exhaustion of conservative treatment, including home exercise, physical therapy, and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s. The specific level at which the facet joint diagnostic block will be administered was not specified in the request. Therefore, the request is not medically necessary and appropriate.