Case Number:	CM14-0016416		
Date Assigned:	04/16/2014	**Date of Injury:**	11/06/1997
Decision Date:	05/28/2014	**UR Denial Date:**	01/28/2014
Priority:	Standard	**Application Received:**	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 Pain Management, has a subspecialty in Interventional Spine 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 53 year old male with a date injury of 11/06/1997. The listed diagnoses per [redacted] dated 01/14/2014 are Cervical spine sprain/strain with evidence of cervical disc disease; Cervical spondylosis without myelopathy; Cervical facet arthropathy seen on most recent MRI dated May 10, 2013; Cervicogenic headaches; Lumbar spondylosis with facet arthropathy; and Low back pain secondary to lumbar spine sprain/strain. The patient notes increasing pain in the neck and the cervical spine. He has ongoing lumbar spine pain. He denies any radicular symptoms into either the upper or lower extremities. He denies numbness, tingling, or weakness. Currently on a visual analog scale, the patient rates his pain a 2-3/10 with the use of topical medication. And without medication, he rates his pain a 6/10. Overall, he notes 40% to 50% improvement in neck pain and low back pain with the use of topical medications. He does note that his neck pain has been more pronounced recently. It is limiting his rotational movement. Examination shows the patient has bilateral cervical paraspinous tenderness. The patient has positive facet loading symptoms with extension and rotation of the cervical spine in the mid to lower cervical spine. Spurling's test is negative. The utilization review denied the request on 01/28/2014. The treating physician is requesting bilateral C2-C3, C3-C4 and C4-C5 facet medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C2-C3, C3-C4, C4-C5 FACET MEDIAL BRANCH BLOCKS: 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); Criteria For The Use Of Diagnostic Block For Facet Nerve Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines (ODG) support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are to be studied. In this case the treating physician references an MRI of the cervical spine performed on 05/10/2013 showing moderate-to-severe facet arthropathy at multiple levels most pronounced at C2-C3, C3-C4, and C4-C5. Therefore, he has asked for 3 level facet joint evaluation via DMB blocks. However, MRI findings are not a criteria for facet joint evaluation and no more than 2 level facet joint evaluations are recommended, likely due to false positive difficulties. Therefore, the request for bilateral C2-C3, C3-C4, C4-C5 facet medial branch blocks is not medically necessary and appropriate.