

<b>Case Number:</b>	CM14-0019598		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Orthopaedic Surgery 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 records reflect that this 55-year-old individual sustained injury on June 5, 2013. Previous reviewers noted there was no clinical objective evidence of facet joint pathology to support such an intervention. Previous treatment included medications (cyclobenzaprine, Naprosyn, Norco), chiropractic care, trigger point injections and enhanced imaging studies. The degenerative changes are noted throughout the cervical spine. No specific improvement is noted with any of the interventions completed. The physician progress report dated January 24, 2014 noted the diagnosis of cervicalgia. The physical examination noted tenderness to palpation, muscle spasm, a decrease cervical spine range of motion. Motor and sensory are noted to be intact. Multiple level facet arthropathy, uncovertebral hypertrophy and degenerative disc disease noted on MRI is reported. The medication protocol was continued. Urine drug screening was consistent with the medications prescribed. The most recent physical examination reported indicate ongoing chiropractic care, for this 5'5", 196 pound individual with ongoing neck stiffness and splinting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL C4-5 FACET JOINT MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** When considering the mechanism of injury, the date of injury, the findings noted on MRI, the unchanging physical examination; and the ACOEM guidelines noting that there is limited evidence to support such a procedure, there is insufficient clinical data presented to suggest any indication for such an injection. Multiple level degenerative changes are noted, however, the neck pain appears to be emanating from a soft tissue myofascial perspective. There is a scarcity of high-quality studies to support this intervention. Therefore, the request for bilateral C4-C5 facet joint medial branch blocks is not medically necessary and appropriate.

**BILATERAL C5-6 FACET JOINT MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** When considering the mechanism of injury, the date of injury, the findings noted on MRI the unchanging physical examination and the ACOEM guidelines noting that there is limited evidence to support such a procedure, there is insufficient clinical data presented to suggest any indication for such an injection. Multiple level degenerative changes are noted, however, the neck pain appears to be emanating from a soft tissue myofascial perspective. There is a scarcity of high-quality studies to support this intervention. Therefore, the request for bilateral C5-C6 facet joint medial branch blocks is not medically necessary and appropriate.