

<b>Case Number:</b>	CM14-0112076		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 23, 2003. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated July 2, 2014, the claims administrator denied a request for multilevel cervical medial branch blocks under IV sedation. The applicant's attorney subsequently appealed. In an August 19, 2008 medical-legal evaluation, it was acknowledged that the applicant was not working through that point in time. The applicant was described as having a variety of issues, including cervical paresthesias, cervicogenic headaches, and cervical disk degeneration. Permanent work restrictions were endorsed. The applicant was described as a qualified injured worker. Vocational rehabilitation was recommended. In a July 21, 2014 progress note, the applicant reported persistent complaints of neck pain. It was stated that the applicant had one set of medial branch blocks that provided only temporary relief. The applicant also had had earlier occipital nerve blocks, it was further stated. 6-8/10 pain was reported. Some of the applicant's operating diagnoses included chronic neck pain, lumbar facet arthropathy, occipital neuralgia, cervical radiculopathy, cervical spondylosis, thoracic radiculitis, branchial radiculitis, lumbar spinal stenosis, diabetes mellitus type 2, and major depressive disorder. The applicant was obese, with a BMI of 35. The applicant did have limited cervical range of motion noted with intact cranial nerve testing. The applicant's medication list included Duragesic, Motrin, and Prilosec, it was suggested. The applicant complained that the cervical medial branch blocks had been denied. The applicant was described as permanent and stationary with permanent limitations in place. In

an earlier note dated July 9, 2014, it was suggested that some of the applicant's neck pain complaints could be a function of fibrotic lump of cervical tissue in the C2-C4 region.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One (1) Radiofrequency Medial Branch Nerve Block of Right Cervical 2, Cervical 3 and TON with Intravenous Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** The proposed medial branch blocks represent a form of diagnostic facet injection. However, the MTUS Guideline in ACOEM in Chapter 8, Table 8-8, page 181, notes that both diagnostic [medial branch] block as well as facet corticosteroid injections are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has been given a variety of diagnoses, including chronic neck pain secondary to cervical disk degeneration, cervicogenic headaches, cervical radiculopathy, cervical spondylosis, pain about the neck secondary to fibrotic tissue, etc. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to unfavorable ACOEM position on the procedure in question. Accordingly, the request for Radiofrequency Medial Branch Nerve Block of Right C2-C3 is not medically necessary.