MAXIMUS Federal Services

| Case Number: | CM14-0119708 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 10/08/2001 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

## 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 43-year-old female who has submitted a claim for cervical spondylosis associated with an industrial injury date of October 8, 2001. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of neck pain which radiated down the bilateral upper extremities, left greater than the right. The pain radiated bilaterally to the fingers. Numbness was frequently present in bilateral upper extremities to the fingers. Neck pain was associated with occipital headaches. Pain was aggravated by activity, prolonged sitting, repetitive head motions, standing and walking. Pain was graded 7/10 with medication and 10/10 without medication. Pain had worsened since the patient's previous visit. Patient reported that she was limited in ADLS including ambulation, hand function, sleep and sex. Examination revealed cervical spasm, tenderness at C4-C7 vertebrae, moderately limited ROM, intact sensation, motor strength and DTRS. Grip strength was graded 10,10,10 on the right and 10,5,5 on the left. However, another progress note dated 6/30/2014 indicated that there was diminished strength, sensation and reflexes in the upper extremities. MRI dated 5/11/12 revealed left neural foraminal stenosis of C3-3 and mild central stenosis and degenerative disc disease of C3-4 with associated protrusion. Treatment to date has included cervical epidural injection in March, which resulted in minimal overall improvement of 5-20%. Utilization review from July 22, 2014 denied the request for Left C6-7 cervical medical branch block because the patient had subjective complaints of radicular symptoms and inconsistent objective findings.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C6-7 cervical medical branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and Upper back (acute & chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient complained of radicular symptoms of neck pain, which radiated down the bilateral upper extremities associated with PE findings of diminished strength, sensation and reflexes in the upper extremities in some progress notes. MRI also revealed spinal stenosis. The criteria for medial branch blocks are not satisfied. Therefore, the request for Left C6-7 cervical medical branch block is not medically necessary.