

<b>Case Number:</b>	CM14-0153825		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/27/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiologist and Pain Medicine, has and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 01/27/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the cervical spine. The injured worker was evaluated on 09/12/2014. It was documented that the injured worker had reported pain levels of a 5/10 of the thoracic spine, lumbar spine, and neck. It was noted that the injured worker's previously requested C4-5 and C6-7 medial branch blocks were approved; however, moderate sedation for fluoroscopically guided medial branch blocks was not approved. The injured worker's current medications included omeprazole and Ultram. The injured worker's physical exam findings included cervical paraspinal tenderness at the C3-4, C4-5, C5-6, C6-7, C7-T1 facet joints with painful bilateral lower extremity range of motion and painful lumbar range of motion. It was also noted that the injured worker had limited range of motion by 50% of the cervical spine, secondary to pain. The injured worker's diagnoses included bilateral cervical facet joint pain at the C4-5, C5-6, and C6-7, cervical facet arthropathy, cervical disc bulging, cervical sprain/strain, lumbar facet joint pain, and lumbar sprain/strain. It was noted that the injured worker had extreme anxiety and fear of needles. An appeal request was made for a medial branch block with moderate sedation at the C4-5 and C5-6 facet joints. A Request For Authorization form was submitted on 09/12/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch with moderate sedation.:** 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), Treatment Index, 12th Edition (web), 2014, Neck & Upper Back, Facet joint diagnostic blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Blocks (diagnostic)

**Decision rationale:** The request for Fluoroscopically guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch with moderate sedation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation based on appropriate patient responses to medial branch blocks. Official Disability Guidelines further recommend medial branch blocks for facet mediated pain that has failed to respond to conservative treatment in the absence of radicular pain. The clinical documentation submitted for review does indicate that the injured worker has facet mediated pain in the absence of radiculopathy. However, as only the letter of appeal was submitted to support the request, there is no documentation that the injured worker has failed to respond to conservative treatments. Additionally, there is no indication that the injured worker's treatment plan includes a radiofrequency ablation if the injured worker has an appropriate response to the diagnostic medial branch block. Official Disability Guidelines do not recommend the use of sedation during this procedure. However, the request is for moderate sedation as the patient has anxiety towards needles. However, in the absence of supporting documentation of the injured worker's treatment history, and a treatment plan to include a radiofrequency ablation, the request would not be supported in this clinical situation. As such, the request for Fluoroscopically guided diagnostic left C4-C5 and left C6-C7 facet joint medial branch with moderate sedation is not medically necessary or appropriate.