

<b>Case Number:</b>	CM14-0155592		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Pain Management, 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 injured worker is a 59-year-old male who sustained an injury on June 22, 2012. He is diagnosed with (a) cervical sprain/strain, (b) internal derangement of bilateral shoulders, and (c) central and bilateral foraminal stenosis and bilateral central spinal stenosis at C5-6 and C6-7. He was seen on May 14, 2014 for an evaluation. He complained of having continuing pain in the neck with radiation to the trapezius muscles bilaterally and to the right medial scapular blade. In addition, he had pain in the shoulder with radiation down the arm. Examination of the cervical spine revealed tenderness over the right paracervical region and right scapular blade. Magnetic resonance imaging scan of the cervical spine dated October 8, 2013 was reviewed. Findings revealed bilateral C5-6 and C6-7 foraminal stenosis and bilateral central spinal stenosis at C6-7 more than C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block Bilateral C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper back chapter

**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 (Acute & Chronic), Facet joint diagnostic block

**Decision rationale:** The request for medial branch block at bilateral C5-6 and C6-7 is not medically necessary at this time. Guidelines state that the use of medial branch block is limited only to those who have neck pain that is nonradicular in nature. Review of medical records indicated that the injured worker had complaints of neck pain associated with radiating pain to the bilateral trapezius muscles and to the right medial scapular blade. Hence, the injured worker is not a candidate for medial branch block at bilateral C5-6 and C6-7. Therefore the request is not medically necessary.