

<b>Case Number:</b>	CM14-0167404		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Physical Medicine and Rehabilitation 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 49-year-old woman with a date of injury of 2/17/10. She presents with chronic headaches and neck pain. Treatment interventions have included pain medications, trigger point injections and epidural steroid injections. The patient presents with headache pain rated 8/10 and neck pain rated 5/10. Physical examination is significant for decreased cervical range of motion, paraspinal tenderness, increased pain with cervical extension and decreased pain with cervical flexion. She is being treated for diagnosis of cervical spondylosis, occipital neuralgia and anxiety. On 9/26/14 request was made for cervical median branch block and bilateral occipital nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.  
Decision based on Non-MTUS Citation <http://www.odgtwc.com/odgtwc/neck.htm#Facetjointtherapeuticsteroidinjections>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint, Therapeutic Steroid Injections

**Decision rationale:** The injured worker presents with initial radicular neck pain which improved after a series of cervical epidural steroid injections. Her symptoms changed and she was subsequently diagnosed with axial neck pain and severe occipital headaches. Official Disability Guidelines advise that facet joint therapeutic steroid injections, although not recommended, should only be performed at 2 levels at any one time. Request as written does not indicate the number of levels intended to be injected and is therefore not medically necessary.