

<b>Case Number:</b>	CM14-0178426		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Texas and Oklahoma. 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 63-year-old female who reported an injury on 05/08/2014 due to an unknown mechanism. Past treatments included medications, physical therapy, and trigger point injection on 06/25/2014 into the acromioclavicular and right trapezius with 20% pain relief. Diagnoses were neck muscle strain and right shoulder muscle strain. Physical examination on 10/06/2014 revealed that the injured worker injured her neck, right shoulder/upper arm, and right low back. It was reported that physical therapy improved shoulder range of motion, pain, neck stiffness, and upper arm pain nearly resolved. The MRI dated 08/03/2014 of the cervical spine revealed mild degenerative changes at the C4-5 and mild right neural foraminal narrowing. At the C5-6 level, there was mild bilateral neural foraminal narrowing. At the C6-7 level, there was moderate bilateral neural foraminal narrowing. The cervical spine x-ray on 08/08/2014 revealed disc height loss and osteophyte formation. There also was degenerative disc disease. Facet arthropathy was also seen. Grade 1 anterolisthesis of C4 on C5 and C5 on C6 were seen. The treatment plan was for a right C3-4 medial branch block. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C3-C4 medial branch block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block

**Decision rationale:** The request for a right C3-C4 medial branch block is not medically necessary. The California ACOEM Guidelines state that invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of a diagnostic block is limited to injured workers with cervical pain that is nonradicular. No more than 2 joint levels may be injected in 1 session. Failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure must be documented for at least 4 to 6 weeks. The included documents lack evidence of a complete and adequate physical examination of the injured worker's deficits to region, and significant motor strength and sensation deficits. Additionally, the provider's request does not state which side the medial branch block was intended for. It was not indicated that the injured worker had failed conservative therapy. Due to the lack of a physical examination, this request is not medically necessary.