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| <b>Case Number:</b>   | CM14-0020171 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 04/18/2010 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 01/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 Anesthesiology, Pain Medicine 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 45 year old female with a reported date of injury on 04/18/2010. The worker was injured when lifting a patient and injured her lower back. The MRI reported from 06/18/2012 impression is mild central disc protrusion creating mild central canal stenosis from C5-6. The orthopedic notes from 09/24/2013 reported the injured worker has received a diagnostic medial branch block and it was a short term improvement. The notes also stated minimal limitation of cervical range of motion noted and strength in all extremities was 5/5. The request of authorization form was requested on 01/08/2014 for left C4, C5, and C6 medial branch facet block due to cervical degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT C4, C5, C6 MEDIAL BRANCH BLOCK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG (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, Facet Joint Therapeutic Steroid Injections.

**Decision rationale:** The request for left C4, C5, and C6 medial branch block is not medically necessary. The injured worker received a diagnostic medial branch block resulting in a short term improvement. The Official Disability Guidelines do not recommend medial branch blocks therapeutically. This procedure is generally considered a diagnostic block. The criterion for use is no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. There is unclear documentation of effective pain relief based on the previous branch block or rehabilitative plan. The guidelines do not recommend this procedure as therapeutic. Therefore, the request is not medically necessary.