

<b>Case Number:</b>	CM14-0022938		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/22/1985
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational Medicine 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:

This is a 55-year-old female with a 1/22/85 date of injury. She is status post a medial branch block to C5, C6, and C7 bilaterally on 1/20/14. She was seen on 1/27/14 and stated she had 50% relief but her neck pain had returned. Exam findings revealed limited cervical extension and positive cervical facet loading. Another medial branch block from C5-C7 bilaterally was recommended in hope for the same results, and then to proceed to rhizotomy after the second medial branch block. Treatment to date: cervical medial branch block x2, medication management. A UR decision dated 02/03/14 denied the request given there was a lack of sufficient evidence to support the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE CERVICAL FACET MEDIAL BRANCH BLOCK, BILATERAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Neck and Upper Back Chapter-Facet joint diagnostic blocks.

**Decision rationale:** CA MTUS states that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. This patient had a diagnostic medial branch block to C5, C6 and C7 bilaterally on 1/20/14 with 50% temporary improvement. There is no rationale to repeat the procedure as the next step would be a rhizotomy if a medial branch block is successful. In addition, more than 2 levels are being requested. Therefore, the request for a, bilateral cervical facet medial branch block at these levels is not medically necessary.