

<b>Case Number:</b>	CM14-0023216		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	09/29/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with date of injury 9/29/13. The treating physician report dated 1/29/14 indicates that the patient presents with continued neck pain following cervical ESI on 1/15/14. The current diagnoses are: 1.Acute neck pain with cervical and possible bilateral upper extremity radiculitis, status post acute cervical acute musculoligamentous strain.2.Normal EDX studies of the upper extremities consistent with median neuropathy secondary to #1.The utilization review report dated 2/7/14 denied the request for medical branch block left C3-6 based on lack of ODG criteria being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDIAL BRANCH BLOCK LEFT C3-6 QTY:1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Neck and Upper Back (Acute & Chronic).

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

**Decision rationale:** The patient presents with continued neck pain following a failed cervical Epidural Steroid Injection. The current request is for one medial branch nerve block cervical left C3, C4, C5 and C6. The examination findings on 1/29/14 state, "Vis--vis of the cervical spine, she is able to flex forward bringing her chin to her chest, extension is 45 degrees past neutral, which reproduces her left sided neck pain and rotation is 40 degrees bilaterally, all of which reproduce left sided neck pain as well. Spurling's is positive to the left for neck pain and negative to the right. Motor is 5/5 in all upper extremity muscle groups. Sensory is intact and reflexes are 2+ at the brachioradialis, 3+ at the biceps and 1+ at the triceps." The MTUS guidelines do not address cervical medial branch nerve blocks. The ODG guidelines do recommend facet joint diagnostic blocks. The criteria for the injection states, "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded." The treating physician has failed to document that the patient has facet joint tenderness, there is left upper extremity pain reported and there is change in the upper extremity reflexes indicating neurological findings. The ODG criteria for facet joint pain has not been established. The request is not medically necessary and appropriate.