

<b>Case Number:</b>	CM14-0030107		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/02/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, 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 51-year-old male with a date of injury of 06/02/2006. The listed diagnoses per [REDACTED] are: 1. Status post anterior cervical discectomy and fusion C5-C6 on March 2012 2. Cervical facet syndrome. According to progress report 02/17/2014, the patient presents with continued complaints of neck pain. The pain is rated on a scale as 5/10. The pain was described as aching and radiating to the right shoulder on the left with some numbness and tingling sensation to his fingers. [REDACTED] recommends bilateral C5 to C7 medial branch block, and with positive response he would like to proceed to RF ablation. Review of AME report from 12/06/2013 indicates the patient is status post cervical fusion and continues to have cervical pain despite epidural injections. AME report lists current diagnosis as "cervical radiculitis with herniated disk at C5-C6, multilevel degenerative joint disease, spondylosis, status post herniated nucleus pulposus C5-C6 with left arm radiculopathy, and status post anterior cervical discectomy with iliac bone graft and anterior fusion C5-C6 (March 2012)." Utilization review denied the request for the medial branch blocks on 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C7 Medial Branch Blocks:** Upheld

**Claims Administrator 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on the Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** This patient is status post cervical fusion (March 2012) and continues to have cervical pain. The treater is requesting bilateral C5 to C7 medial branch block for diagnostic purposes. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient has cervical radiculitis with left arm radiculopathy. MTUS does not recommend facet injections for patients with radicular pain. More importantly, as medical records document, this patient is status post c-spine fusion from March 2012 at level C5-C6. Facet blocks are not recommended where fusion has taken place. They are mobile segments. Recommendation is for denial.