

<b>Case Number:</b>	CM14-0032629		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 02/09/2001. On 10/30/2013, the patient was seen in pain management follow-up. The patient reported pain in the upper back, middle back, lower back, and neck with radiation to the right ankle, the right arm, the right calf, the right foot, and the right thigh. The symptoms were aggravated by multiple activities including lifting, rolling over, sitting, sneezing, standing, and twisting. The symptoms were relieved by lying down, rest, and injections. On exam, the patient had pericervical tenderness and an antalgic gait. The patient ambulated with a walker. The patient had no motor weakness. The patient was diagnosed with cervical degenerative disc disease, chronic pain syndrome, neck pain, and failed lumbar back surgery syndrome. A request was made for a series of epidural injections. On 11/27/2013, the patient was seen in follow-up and was noted to have back pain and headaches; the patient was concerned regarding denial of prior epidural steroid injections. The physician requested medial branch blocks at that time to address axial cervical pain and accompanying headache pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1ST, 2ND, 3RD AND SUBSEQUENT LEVELS OF BILATERAL CERVICAL MEDICAL BRANCH NERVE BLOCK AT : C2, C3 TON UNDER FLUOROSCOPY AND IV SEDATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The ACOEM Guidelines, chapter 8/neck, page 174, state that invasive techniques, including injection of facet joints, have no proven benefit in treating neck and upper back conditions. Moreover, the medical records document radicular upper extremity symptoms; indeed, the treating physician has considered epidural injections for radicular pain as part of the treatment plan. The treatment guidelines do not support the necessity of medial branch blocks or treatment for facet-mediated pain in the setting of radicular pain. If radicular pain fluctuates and the patient is left with an axial component of pain, that clinical circumstance by itself does not demonstrate probable facet-mediated symptoms. Overall, the history and physical examination findings do not convincingly demonstrate probable facet-mediate pain but rather demonstrate other radicular diffuse/multifocal pain. In this situation, the requested treatment is not medically necessary.