

<b>Case Number:</b>	CM14-0033226		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 42 year-old injured worker who sustained an injury on 1/7/12 while employed by [REDACTED]. Request(s) under consideration include Bilateral Cervical Diagnostic Medial Branch Nerve Blocks C5-C6, C6-7. Report of 1/7/14 from the provider noted the patient with chronic complaints of neck pain radiating to right upper extremity, right shoulder and low back pain. The patient complained of neck pain with stiffness after radicular upper extremity pain was under good control since the cervical epidural steroid injection. Shoulder pain is associated with right hand numbness. The patient is also s/p lumbar epidural steroid injection, but with continued stiffness. Exam showed tenderness over occipital nerves bilaterally; limited cervical range in all directions; stiffness; tenderness at spinous process from C3-7; tender overall facet joints from C3-7 bilateral; trigger points in cervical paravertebral, trapezius, levator scapulae, supra/infraspinatus muscles; tender right shoulder joint and supraspinatus and biceps tendons; diminished reflexes in bilateral triceps; decreased hand grip 2-3/5 on right and 4/5 on left; intact sensory. Diagnoses include cervical spondylosis without myelopathy; lumbar degeneration/ lumbosacral intervertebral disc; neuralgia/neuritis; radiculitis; and cervical intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Cervical Diagnostic Medial Branch Nerve Blocks C5-C6, C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Second Edition, 2004, pages 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, page 722.

**Decision rationale:** The MTUS Guidelines do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy and needs additional studies. Patients also exhibited chronic symptoms of radiculopathy along with MRI findings with cervical disc herniation and neural foraminal narrowing. In this case, submitted reports have no indication for failed conservative trial for diagnoses of cervical radiculopathy with previous recent CESI resulting in pain relief. Criteria per Guidelines have not been met. The request for bilateral cervical diagnostic medial branch nerve blocks C5-C6, C6-7 is not medically necessary and appropriate.