

<b>Case Number:</b>	CM14-0033270		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/07/1996
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/27/2014
<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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 62-year-old male who reported an injury on 08/07/1996. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain, cervical spondylosis without myelopathy, cervicgia, cervical cranial syndrome, and postlaminectomy syndrome in the cervical region. It is noted that the injured worker has been previously treated with medial branch nerve blocks with significant improvement following the second injection. The injured worker was evaluated on 02/05/2014 with complaints of 5/10 neck pain. It is noted that the injured worker underwent a cervical spine fusion in 1997. Physical examination on that date revealed an antalgic gait. Treatment recommendations at that time included a third series of medial branch nerve blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3rd Cervical medial branch nerve block:** 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 and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. As per the documentation submitted, the injured worker has been previously treated with cervical medial branch nerve blocks. However, there was no documentation of objective functional improvement following the initial procedures that would warrant the need for a third procedure. The specific level at which the medial branch nerve block will take place was not specified in the request. Based on the clinical information received, the request is not medically necessary.