Case Number:	CM14-0040971		
Date Assigned:	06/30/2014	**Date of Injury:**	07/03/2012
Decision Date:	08/15/2014	**UR Denial Date:**	03/31/2014
Priority:	Standard	**Application Received:**	04/08/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 3, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy and acupuncture; and work restrictions. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for multilevel cervical medial branch blocks. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked Non-MTUS Official Disability Guidelines in its denial and stated that the MTUS does not address the topic adequately. The applicant's attorney subsequently appealed. On March 19, 2014, the applicant presented with 4/10 neck, upper back, lower back, and shoulder pain. The applicant reportedly responded favorably to an earlier atlanto-axial nerve block, it was stated. Some cervicogenic headaches were noted. The applicant was apparently awaiting authorization for cervical medial branch blocks, it was stated. The applicant was described as using Mobic, Norco, Valium, Lipitor, Celexa, Losartan, and Metformin. It was suggested that the applicant had unchanged work restrictions. The applicant was asked to continue permanent work restrictions. It was not clear whether the applicant was working or not. The applicant exhibited tenderness about the cervical paraspinals with positive facet loading maneuvers. A trial of cervical medial branch blocks was sought, reportedly as a precursor to pursuit of more definitive radiofrequency ablation procedures, if successful. In the social history section of the report, the attending provider suggested that the applicant was working as a mechanic as of September 25, 2013. On March 6, 2014, it was suggested that the applicant was working and had reported heightened pain owing to certain activities at work precipitating pain complaints. Medial branch blocks were again sought.In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for multilevel cervical medial branch blocks. Despite the fact that

the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines in its denial and stated that the MTUS does not address the topic "adequately."The applicant's attorney subsequently appealed.On March 19, 2014, the applicant presented with 4/10 neck, upper back, lower back, and shoulder pain. The applicant reportedly responded favorably to an earlier atlanto-axial nerve block, it was stated. Some cervicogenic headaches were noted. The applicant was apparently awaiting authorization for cervical medial branch blocks, it was stated. The applicant was described as using Mobic, Norco, Valium, Lipitor, Celexa, losartan, and metformin. It was suggested that the applicant had unchanged work restrictions. The applicant was asked to continue permanent work restrictions. It was not clear whether the applicant was working or not. The applicant exhibited tenderness about the cervical paraspinals with positive facet loading maneuvers. A trial of cervical medial branch blocks was sought, reportedly as a precursor to pursuit of more definitive radiofrequency ablation procedures, if successful. In the social history section of the report, the attending provider suggested that the applicant was working as a mechanic as of September 25, 2013.On March 6, 2014, it was suggested that the applicant was working and had reported heightened pain owing to certain activities at work precipitating pain complaints. Medial branch blocks were again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Left Medial Branch Blocks C-2-C3-C4-C5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 does note that the overall recommendation on diagnostic medial branch blocks is not recommended, ACOEM Chapter 8, page 174 does establish some limited role for radiofrequency neurotomy procedures in applicants who had a previously successful response to diagnostic facet joint injections/medial branch blocks. In this case, the attending provider has seemingly established that the applicant's pain is facetogenic in nature and exacerbated by activities such as range of motion testing and/or facet loading. The applicant does not appear to have any concurrent radicular complaints. A trial of medial branch blocks as a precursor to possible radiofrequency rhizotomy procedure is therefore indicated. Accordingly, the request is medically necessary.