

<b>Case Number:</b>	CM14-0053253		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 53 year old female with date of injury of 09/05/2000. A review of the medical records indicate that the patient is undergoing treatment for degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, spinal stenosis in the cervical region, brachial neuritis, sprains and strains of the shoulder, upper arm, elbow, and forearm. The subjective complaints include chronic neck and back pain, with radiation down to the elbows, numbness and numbness of the hands. The objective findings include cervical spine reduced range of motion, and an antalgic gat. The injured worker's treatment has included Norco, Voltaren gel, and Lorazepam. The utilization review dated 4/11/14 for the medial branch block of C3-5 on both sides was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block C3, C4 and C5, both sides:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, facet joint diagnostic blocks.

**Decision rationale:** MTUS is silent concerning cervical medial branch blocks. ODG recommends Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. One set of diagnostic Medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine.2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.7. Opioids should not be given as a sedative during the procedure.8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment In this case, there is both EMG and medical notes stating that the employee has radiculopathy which is an exclusion criteria. As such the request for medial branch block C3-5 is not medically necessary.