

<b>Case Number:</b>	CM14-0069009		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on October 17, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 18, 2013 indicates that there are ongoing complaints of cervical spine pain. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the right shoulder indicate a tear of the anterior labrum and mild tendinopathy throughout the rotator cuff. An MRI of the cervical spine indicated disk and endplate degeneration from C3- C4 through C6 - C7 with more advanced changes at C3 - C4 and C4 - C5. Moderate facet hypertrophy was noted at C2 - C3. There was a disc bulging at C3 - C4 and C4 - C5 which mildly flattens the ventral cord and at C5 - C6 and C6 - C7 with minimal ventral thecal sac effacement. Previous treatment includes Epidural Steroid Injections and massage therapy. A request had been made for a left medial branch block testing at C3 - C4 and C4 - C5 as well as C5 - C6 and was not medically necessary in the pre-authorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Medial Branch Block Testing C3-C4, C4-C5, C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Neck and Upper Back Complaints (Acute & Chronic).

**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:** According to the Official Disability Guidelines Facet Joint Diagnostic Blocks should be limited to no more than two joint levels in one session. There should also be documentation of failure of conservative treatment to include home exercise, physical therapy, and Anti-Inflammatory medications. As the attached medical record does not document failure of these conservative treatments and there is a request for joint injections at three levels, this request for Left Medial Branch Block Testing at C3 - C4, C4 - C5 and C5 - C6 is not medically necessary.