

<b>Case Number:</b>	CM14-0083275		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 is a 53-year-old male who was injured on November 3, 2010. The patient continued to experience pain in his neck and bilateral upper extremities. Physical examination was notable for intact sensation to all extremities, normal motor strength to all extremities, normal range of motion of the cervical spine, and pain in bilateral facets from C3 to C7. MRI of the cervical spine dated March 2014 reported C7 radiculopathy right greater than left, C5-6 moderate bilateral foraminal stenosis, and C6-7 severe right foraminal stenosis. Diagnoses included cervicgia, bilateral C7 radiculopathy right greater than left, C5-6 moderate bilateral foraminal stenosis, and C6-7 severe right foraminal stenosis. Treatment included revision C5-C7 anterior cervical discectomy and fusion on January 7, 2013, medications, and physical therapy. Requests for authorization for right medial branch block at C5, C6, and C7 and Medrol dose pack were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medial Branch Block at C5, C6, and C 7:** 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 & Upper Back Chapter, Facet joint diagnostic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet joint pain, signs & symptoms; Facet joint diagnostic blocks.

**Decision rationale:** Facet joint diagnostic blocks are recommended prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case the patient has undergone two surgeries at C5, C6, and C7. Medial branch block is requested at these levels. Criteria for medial branch block have not been met. The request is not medically necessary.

**Medrol dose pack # 21:** 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, Chapter, Oral Corticosteroids.

**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, Steroids; Low back, Corticosteroids.

**Decision rationale:** Steroids are recommended for acute radicular pain when the patient had clear-cut signs and symptoms of radiculopathy. In this case the patient did not have signs or symptoms of radiculopathy. Motor function and sensation are intact. The request is not medically necessary.