

<b>Case Number:</b>	CM14-0087520		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 injured worker is a 52-year-old female who was reportedly injured on October 14, 2013. The mechanism of injury was not listed in these progress notes reviewed. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated a hypertensive (136/100) individual with a normal gait pattern. A decrease in cervical spine range of motion of lumbar spine range of motion was reported. Motor function was described as 5/5 and sensory was intact. Deep tendon reflexes were described as 2/4. Diagnostic imaging studies were not reviewed. Previous treatment included imaging studies, elected diagnostic assessments, physical therapy, multiple medications and pain management interventions. A request was made for medial branch blocks and was non-certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C3-C4 and C4-C5 medial branch 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical measures; Injection therapy, radiofrequency neurotomy (electronically cited)

**Decision rationale:** When considering the date of injury, the injury sustained, the ongoing complaints and the lack of specific radiographic evidence to suggest that the pain generator resides within the facet joints and by the parameters outlined in the American College of Occupational and Environmental Medicine, there is no specific recommendation for such injections. There is insufficient clinical information presented to support this request. Therefore, this request is not medically necessary.