

<b>Case Number:</b>	CM14-0087699		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/19/2014
<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 records presented for review indicate that this 59-year-old female was reportedly injured on February 27, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 9, 2014 indicates that there are ongoing complaints of neck and upper back pain radiating to the bilateral lower extremities as well as low back pain radiating to the lower extremities. Current medications include MS Contin, Lyrica, Norco, and Flexeril. The physical examination demonstrated a mildly antalgic gait. There was tenderness along the paraspinal muscles of the cervical, thoracic, and lumbar spine. There was decreased cervical spine range of motion. A neurological examination noted decreased sensation on the right L3, L4, L5, and S1 dermatomes. There was slightly decreased strength in the bilateral upper extremities of 5-/5. A prior physical examination dated January 24, 2014, states there was decreased sensation in the right C5 dermatome. Diagnostic imaging studies were not available. Previous treatment includes an epidural steroid injection at C7 - T-1, a lumbar medial branch block, and a rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Medical Branch Block at C2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 181. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Neck & Upper Back Procedure Summary.

**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 injections should not be performed on individuals with radicular findings. The injured worker is noted to have decreased strength of the upper extremities as well as decreased sensation at the right C5 dermatome on successive physical examinations. Considering this, this request for a medial branch block at C2 - C3 is not medically necessary.