

<b>Case Number:</b>	CM14-0198655		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 55-year-old male with a 4/18/11 date of injury. The injury occurred when a scaffold collapsed and he fractured his left arm. According to a progress report dated 11/10/14, the patient reported an aching pain in his neck, rated as an 8/10. He stated there was numbness radiating from the left shoulder down to the wrist. He also noted aching pain in the wrist with numbness and tingling into the left hand, as well as pain in the right shoulder. He reported ongoing aching pain in his upper back radiating down into his low back, rated as a 5/10. He stated that his medications helped reduce his pain. Objective findings: diffuse tenderness to palpation throughout his cervical spine, positive facet loading noted in lumbar spine bilaterally, positive facet loading along bilateral cervical spine at approximately C4 through C6, tenderness to palpation in lumbar paraspinal musculature, decreased range of motion throughout all planes in cervical and lumbar spine, decreased sensation to the left C6 and C7 dermatomes. Diagnostic impression: facet arthropathy in cervical spine at C4-5 and C5-6 bilaterally, degenerative disc disease of cervical and lumbar spine, cervicogenic headaches, left hand neuropathic pain, left ulnar neuropathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/30/14 denied the request for 1 set of medial branch block bilaterally at C4-5 and C5-6. There does not appear to be a clear indication of failed conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block Bilaterally at C4-5 and C5-6: 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 and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Facet Joint Diagnostic Blocks.

**Decision rationale:** CA MTUS states that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG states that diagnostic Medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, in the present case, there is no documentation that this patient has failed conservative measures of treatment, such as medications and physical therapy. In addition, medial branch blocks are not indicated when cervical pain is radicular. It is noted that his neck pain radiated from the left shoulder down to the wrist. In addition, physical examination identified decreased sensation to the left C6 and C7 dermatomes. Therefore, the request for Medial Branch Block Bilaterally at C4-5 and C5-6 was not medically necessary.