

<b>Case Number:</b>	CM15-0000042		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 48 year old female, who sustained an industrial injury on 03/14/2012. She has reported subsequent neck pain and was diagnosed with brachial neuritis or radiculitis, cervicgia and spondylosis. Treatment to date has included oral pain medication, traction, nerve block injections, physical therapy, home exercise, TENS unit, application of heat and ice and acupuncture. In a progress note dated 12/08/2014, the injured worker complained of continued constant moderate to severe neck pain associated with numbness and weakness in the upper extremities despite the use of conservative measures. Objective physical examination findings were notable for restricted range of motion of the cervical spine with flexion limited to 45 degrees, extension limited to 45 degrees, lateral rotation to the left limited to 45 degrees and lateral rotation to the right limited to 60 degrees, painful neck movements with lateral rotation to the left beyond 60 degrees and lateral rotation to the right beyond 45 degrees, pain over the facets along the mid to lower cervical segments, bilateral erector spasm and positive provocative facet loading. The physician noted that recent MRI of the neck showed multiple level degenerative joint disease and cervical facet syndrome and cervical spondylosis but that the injured worker was not a surgical candidate. The physician noted that diagnostic medial branch blocks would be requested and submitted a request for authorization. On 12/17/2014, Utilization Review certified a request for left cervical diagnostic medial branch blocks but non-certified a request for right C3-C4, C4-C5 and C5-C6 diagnostic medial branch blocks, noting the predominance of left sided cervical paravertebral symptoms and associated somatic referral pattern with persistence of symptoms despite physical therapy. ODG guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right C3-4, C4-5, C5-6 diagnostic 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG: Neck and Upper Back-Facet joint diagnostic blocks

**Decision rationale:** Right C3-4, C4-5, C5-6 diagnostic medial branch block is not medically necessary per the MTUS and the ODG. The MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. No more than 2 joint levels are to be injected in one session. The request for 3 blocks exceeds the MTUS recommended number of injection levels therefore this request is not medically necessary.