

<b>Case Number:</b>	CM15-0003941		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 02/20/2002. The mechanism of injury was not provided. The current diagnoses include degeneration of cervical intervertebral disc, disorder of bone and cartilage, COPD, kyphosis, and vomiting. The injured worker presented on 08/28/2014 with complaints of persistent neck pain. Upon examination, the injured worker was unable to extend to achieve horizontal gaze. The injured worker was issued a prescription for prednisone 20 mg. Recommendations included a follow up in 1 week. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral cervical medial branch blocks at the levels of C2-C3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic block.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, there was no documentation of facet mediated pain. There was also no mention of an attempt at any recent conservative treatment to include active rehabilitation. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.