

<b>Case Number:</b>	CM15-0104789		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

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

### 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 37 year old female sustained an industrial injury on 3/28/14. She subsequently reported head, wrist and neck pain. Diagnoses include cervical spondylosis, cervical herniated nucleus pulposus and cervical facet arthropathy. Treatments to date include MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience forehead, scalp, neck, back and right hand pain. Upon examination, there was tenderness to palpation over the cervical bilateral facet joints, there was positive facet loading bilaterally and decreased sensation at the right C6-8 dermatomes. There was decreased muscle strength in the right wrist extensors, remainder of bilateral upper extremities were within normal limits. No Hoffman's, Babinski or clonus noted. A request for Medial branch block C5-6, C6-7 bilateral was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block C5-6, C6-7 bilateral:** 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): Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, it appears that the patient has radicular complaints and examination findings with consistent findings on MRI. There is no indication that the patient's radicular complaints have been addressed prior to the request for medial branch blocks. Guidelines clearly recommend addressing radicular issues prior to performing medial branch blocks. As such, the currently requested cervical medial branch block is not medically necessary.