

<b>Case Number:</b>	CM15-0105804		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 64 year old male with a date of injury of April 24, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet arthropathy, C3-4 and C5-6 spondylolisthesis, and chronic cervicgia. Medical records dated April 15, 2015 indicate that the injured worker complained of neck pain rated at a level of 7 out of 10 and 5 out of 10 with medications. A progress note dated May 15, 2015 documented complaints of neck pain rated at a level of 6 to 7 out of 10 and 3 to 4 out of 10 with medications. The record also indicates that the injured worker underwent medial branch block from C4-5 and C5-6 bilaterally on April 24, 2015 that provided 80-90% relief of the symptoms temporarily, but the injured worker has now returned to baseline. Per the treating physician (May 15, 2015), the employee has returned to work. The physical exam dated April 15, 2015 reveals tenderness to palpation of the paracervical muscles, tenderness over the base of the neck and base of the skull, decreased range of motion of the cervical spine, and positive facet loading test. The progress note dated May 15, 2015 documented a physical examination that showed no changes from the examination performed on April 15, 2015 with the exception of some slight improvement in the measured range of motion of the cervical spine. Treatment has included cervical medial branch block, medications (Anaprox DS).The original utilization review (May 27, 2015) non-certified a request for medial branch blocks at C4-5 and C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left medial branch blocks at C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

**Decision rationale:** According to the ACOEM guidelines, blocks are not recommended due to their short-term benefit. The MTUS guidelines recommend blocks for those who failed conservative therapy and have no radiculopathy on exam or imaging and not prior fusion. Repeat blocks are indicated for those who have sustained at least 70% relief. In this case, the claimant does have pain relief with medications currently. There is tenderness over the paracervical muscles but not other significant limitations. The request for additional blocks is not medically necessary.