

<b>Case Number:</b>	CM15-0106105		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/03/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<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: 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:

The injured worker is a 43 year old male with an industrial injury dated 03/03/2012. His diagnoses included cervical facet syndrome and cervical degenerative disease. Prior treatment included cervical epidural steroid injection (12/12/2014) with no relief, epidural steroid injection with significant relief for approximately three months, cervical epidural steroid injection on 05/14/2014, 24 sessions of chiropractic care with some relief, 16 sessions of physical therapy with some relief, 2 sessions of acupuncture with minimal relief and medications. He presents on 04/15/2015 with complaints of neck pain radiating into his arms, which had increased since his previous appointment. He denied any numbness into his hands. He also reported increased left foot pain. He rated his neck pain as 3/10 on the pain scale. Physical exam noted tenderness to palpation of the right cervical 4-7 facets. There was decreased range of motion of the cervical spine. MRI of cervical spine dated 08/23/2013 showed degenerative disc disease of cervical 4-5, cervical 5-6 and cervical 6-7. The treatment plan included medial branch blocks right cervical 4-5, cervical 5-6 and cervical 6-7, physical therapy 2 times a week for 4 weeks for the cervical spine and podiatry follow up. The treatment request is for medial branch block (MBB) right cervical 4-5, MBB right cervical 5-6, MBB right cervical MBB 6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MBB Right C4-5: 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: Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation x 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, the patient appears to have radicular pain and radiculopathy has not been ruled out. Additionally, the provider has also recommended conservative treatment in the form of physical therapy, and conservative management should be completed prior to consideration for medial branch blocks. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.

#### **MBB Right 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), Low Back: Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation x 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, the patient appears to have radicular pain and radiculopathy has not been ruled out. Additionally, the provider has also recommended conservative treatment in the form of physical therapy, and conservative management should be completed prior to consideration for medial branch blocks. In the absence

of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.

**MBB Right C6-7:** 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: Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation x 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, the patient appears to have radicular pain and radiculopathy has not been ruled out. Additionally, the provider has also recommended conservative treatment in the form of physical therapy, and conservative management should be completed prior to consideration for medial branch blocks. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.