

<b>Case Number:</b>	CM15-0140877		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

The injured worker is a 68 year old male who sustained an industrial injury on 01-15-2002. Mechanism of injury was not found in documents presented for review. Diagnoses include status post ring finger release and carpal tunnel release in 2004, left long trigger finger release in 2007, left lateral epicondylitis-mild, chronic left shoulder pain with impingement syndrome, chronic neck and left proximal arm and shoulder pain with a Magnetic Resonance Imaging of the cervical pain from 2002 showed a 3mm to 4mm disk herniation towards the left C6-C7, and thoracic pain-3mm to 4mm disk bulge at T11-T12, T6-T7, T4-T5, and T3-T4 by Magnetic Resonance Imaging on 04-05-2008. Treatment to date has included diagnostic studies, medications, and left C5, C6, and C7 dorsal medial branch diagnostic blocks under fluoroscopic needle guidance. Current medications include Norco. It takes effect in about a ½ hour and lasts about 4 hours. A physician progress note dated 06-24-2015 documents the injured worker complains of ongoing neck and right upper extremity pain. He has a facet injection dorsal medial block at the C5, C6, and C7 level with positive results. He has 100% resolution of pain and would like to proceed with the radiofrequency ablation. He does well with his current medications. Before medications his pain level is rated 9 out of 10 and after medications he rates his pain as 5 out of 10 on the pain scale. Treatment requested is for Medial branch block at left C5, C6, C7 under fluoroscopy DOS 5/22/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at left C5, C6, C7 under fluoroscopy DOS 5/22/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. In this case, the claimant did not have radicular findings on exam or MRI. There was persistent pain and failure of conservative measures. The claimant had benefit from the MBB with no pain after the procedure. Only 2 levels of blocks were provided. The MBB in question was appropriate and medically necessary.