

<b>Case Number:</b>	CM15-0146373		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 female who sustained an industrial injury on 8-18-2008. She hurt herself by repetitively lifting heavy boxes. She reported neck pain and upper extremity pain and has been diagnosed with status post ACDF at C4-C5, C5-C6, and C6-C7, severe adjacent segment disease of the cervical spine, cervical radiculopathy, and degenerative disc disease of the lumbar spine. Treatment has included medications, surgery, acupuncture, chiropractic care, physical therapy, and injection. She had limited range of motion of the cervical spine. She did have positive facet provocation test bilaterally with increased pain on lateral bending and extension. The treatment plan included bilateral facet joint injections and follow up. The treatment request included right sided C3-C6 medial branch block injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sided C3-C6 medial branch block injection:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint blocks (diagnostic & therapeutic).

**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 has had spinal fusion surgery of C4-C7 in 2011. Additionally, the patient has finding of reduced sensation in the C5-T1, which is consistent with radiculopathy. Lastly, it is unclear exactly what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. As such, the currently requested cervical medial branch block is not medically necessary.