

<b>Case Number:</b>	CM15-0183529		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/21/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old male, who sustained an industrial injury on 5-21-2015. The injured worker is being treated for cervical spondylosis without myelopathy, cervicgia, cervical facet pain at C5-6, right C5 radiculopathy, axial low back pain, lumbar facet pain at L4-5, myofascial pain syndrome and wrist pain. Treatment to date has included diagnostics, modified work, home exercise, physical therapy, and medications. Per the Follow-up appointment dated 8-26-2015 the injured worker reported that he is working 4-5 hours per day but it is difficult and his activities of daily living are limited secondary to pain. Turning and twisting his neck exacerbates his pain and he has some numbness and tingling in the hands. He rates the severity of his pain as 8-9 out of 10 and his pain has worsened. Current medications include Orphenadrine and Meloxicam. Objective findings included left and right lateral rotation decreased by 50% with positive cervical facet loading maneuvers at the C5-6 levels bilaterally in prone and seated positions. Work status was modified. The plan of care included C5-6 medial branch blocks. On 9-02-2015, Utilization Review non-certified the request for medial branch block at bilateral C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at bilateral C5-C6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Facet joint diagnostic blocks (injections) NECK CHAPTER.

**Decision rationale:** As the California MTUS does not specifically discuss medial branch blocks in cases of neck and back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure, and no more than two levels injected in one session. In this case, the provided documents do provide sufficient evidence for failure of conservative treatment modalities, and the most recent notes indicate that surgery for diagnostic purposes may be reasonable. Therefore, the request is considered medically necessary at this time based on the provided records.