

<b>Case Number:</b>	CM15-0193228		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/30/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Texas, New York, California  
 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 applicant is a represented 51-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of April 30, 2002. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for multilevel cervical medial branch blocks. The claims administrator referenced a September 8, 2015 office visit in its determination and also invoked non-MTUS ODG Guidelines in its determination. The applicant's attorney subsequently appealed. On RFA form dated July 15, 2015, Duragesic, Percocet, Neurontin, Prilosec, Linzess, and Cymbalta were endorsed. On an associated office visit dated July 14, 2015, the applicant reported ongoing issues with neck pain, back pain, headaches, sleep disturbance, shoulder name, collectively at a rate of 7/10. The applicant reportedly exhibited a poor sleep quality. The applicant BMI's was 23. The applicant was asked to continue Percocet, fentanyl, Neurontin, Prilosec, Linzess, Cymbalta, Desyrel, and Xanax. The note was difficult to follow and mingled historical issues with current issues. The applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of neck pain radiating to the arm. The applicant had undergone earlier failed cervical spine surgery, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right medial branch block at C3-C4-5-C6: 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) Neck and Upper back chapter- Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for right-sided cervical medial branch blocks at C3, C4, C5, and C6 is not necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic injections such as the medial branch blocks in question are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of this particular modality in the face of (a) the unfavorable ACOEM position on the same and/or (b) in the face of the applicant's having multiple pain generators to include residual cervical radiculopathy status post earlier failed spine surgery. The applicant was on Neurontin and Cymbalta as of July 14, 2015, presumably for residual upper extremity radicular pain complaints. Therefore, the request is not medically necessary.