

<b>Case Number:</b>	CM15-0199778		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Emergency 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:

This injured worker is a 44 year old female who reported an industrial injury on 11-14-2013. Her diagnoses, and or impressions, were noted to include cervical muscle spasms with radiculopathy, cervical spondylosis and arthropathy, and cervicgia. Recent helical computed tomography studies of the cervical spine were done on 3-13-201, noting mild right cervical 4 & 5 facet arthropathy; magnetic resonance imaging and x-rays of the cervical spine, and electrodiagnostic studies, were all said to have been done but were not noted. Her treatments were noted to include: TENS unit therapy; medication management; and modified work duties (since 7-16-15). The pain management progress notes of 8-31-2015 reported: presenting to review the computed tomography scans; less cervical muscle stiffening with improved range-of-motion while off work recovering from hand surgery, but once returned to work it became difficult to rotate her head to the left. The objective findings were noted to include: positive cervical facet loading on the right, with great tenderness at cervical 4 & 5, 75% flexion, and < 25% extension which increased pain; hypertrophy at the right trapezius muscle and levator scapulae; and right lateral rotation 30%; and radicular snapping band tenderness, facet loading tenderness consistent with those levels; failed physical therapy, and ongoing anti-inflammatories and home exercise with heat-ice therapy and use of trans-cutaneous electrical stimulation unit. The physician's requests for treatment were noted to include diagnostic medial branch blocks directed at the right cervical 4 & 5 areas. No Request for Authorization was noted for right cervical 4 & 5 medial branch blocks was noted in the medical records provided. The Utilization Review of 9-15-2015 non-certified the request for right cervical 4 & 5 medial branch blocks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right cervical medial branch block, C4, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections); Facet Joint Medial Branch Blocks (therapeutic injections).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Facet joint diagnostic blocks.

**Decision rationale:** MTUS ACOEM guidelines only have a basic statement concerning diagnostic facet blocks therefore Official Disability Guidelines were reviewed for detailed guidelines. As per ODG, diagnostic blocks are recommended prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for recommendation are not met. Patient has noted ongoing physical therapy. Patient has yet to fail conservative care and therefore does not meet criteria for recommendation. Right cervical medial branch block is not medically necessary.

### **Right cervical medial branch block, C5, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections); Facet Joint Medial Branch Blocks (therapeutic injections).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Facet joint diagnostic blocks.

**Decision rationale:** MTUS ACOEM guidelines only have a basic statement concerning diagnostic facet blocks therefore Official Disability Guidelines were reviewed for detailed guidelines. As per ODG, diagnostic blocks are recommended prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for recommendation are not met. Patient has noted ongoing physical therapy. Patient has yet to fail conservative care and therefore does not meet criteria for recommendation. Right cervical medial branch block is not medically necessary.

