

<b>Case Number:</b>	CM15-0206831		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, Florida, 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 injured worker is a 72 year old male who sustained an industrial injury on 4-24-2014. A review of medical records indicates the injured worker is being treated for occipital neuralgia, cervical facet arthropathy, cervical myofascial strain, bilateral carpal tunnel syndrome, tinnitus, TBI, and cervical vertebral compression fracture. Medical records dated 9-14-2015 noted neck pain and headaches. Since the last visit, there was an 80% increase in pain. Trigger point injections from April provided significant benefit in pain and helped decrease his headaches until late July. Physical examination noted hypertonicity to the left cervical paraspinals, Dermatomes C2-S2 were intact to light touch and pinprick. Treatment has included injections, medications, and medical imaging. Utilization review form dated 9-30-2015 noncertified medial branch block left C3-C4, C4-C5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block left C3-C4, C4-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medical Branch Blocks, Diagnostic.

**Decision rationale:** This claimant was injured in 2014. There is occipital neuralgia, cervical facet arthropathy, cervical strain, and reported cervical vertebral compression fracture. Pain has increased significantly as of late. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet mediated pain: 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 low-back 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. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant are not clear. Full documentation out of past conservative measures is also not fully noted. Moreover, past injection experience or objective improvement out of past injections is not known. The request is appropriately not medically necessary.