

<b>Case Number:</b>	CM15-0027075		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/05/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 was a 64 year old female, who sustained an industrial injury, February 5, 2011. According to progress note of February 18, 2015, the injured workers chief complaint was neck pain left greater than the right. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The pain was constant and worse with head positioning and over the head reaching. The physical exam noted bilateral failance at Tinnel's, tenderness over the articular pillars bilaterally, pain with extension and rotation bilaterally and pain pattern to the upper back consistent with C4-C5 and C5-C6 cervical facet pathology. The injured worker was diagnosed with neck pain, chronic pain, status post whiplash, carpal tunnel syndrome, cervicogenic headaches and left cervical facet pain at C4-C5 and C5-C6. The injured worker previously received the following treatments injections and physical therapy, oral pain medication, anti-inflammatory medications, On January 5, 2015, the primary treating physician requested authorization for one left medial Branch Block at C4-5 and C5-6, one time one injection as an outpatient. On January 12, 2015, the Utilization Review denied authorization for one left medial Branch Block at C4-5 and C5-6, one time one injection as an outpatient. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left medial branch block at C4/5 and C5/6, 1 times for 1 injection, as an outpatient:**  
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, Facet Joint Diagnostic Blocks, updated 11/18/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The Official Disability Guidelines recommends facet joint diagnostic blocks prior to the administration of the radio frequency nerve ablation procedure. According to the attached medical record the injured employee has previously received a cervical spine radiofrequency nerve ablation. Considering this it is unclear why there is a return to performing facet joint diagnostic blocks. This request for a left medial branch block at C4 -C5 and C5- C6 is not medically necessary.