

<b>Case Number:</b>	CM15-0028678		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52 year old female, who sustained an industrial injury on 8/21/01. She has reported pain in the neck, back and bilateral lower extremities. The diagnoses have included L4-L5 degeneration, C4-C7 stenosis, lower extremity radiculopathy and sacroiliac joint dysfunction. Treatment to date has included cervical MRI and oral medications. As of the PR2 dated 1/26/15, the injured worker reports 6-7/10 pain in the neck that radiates to the right shoulder and 6-7/10 pain in the lower back that radiates to the left hip. The treating physician requested 2 right cervical medial branch blocks with fluoroscopy at C2-C5 as outpatient. On 2/12/15 Utilization Review non-certified a request for 2 right cervical medial branch blocks with fluoroscopy at C2-C5 as outpatient. The utilization review physician cited the Goodman and Gilman's, The Pharmacological Basis of Therapeutics and the Physician's Desk Reference. On 2/17/15, the injured worker submitted an application for IMR for review of 2 right cervical medial branch blocks with fluoroscopy at C2-C5 as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Right Cervical Medical Branch Block with Fluoroscopy at C2, 3, 4, 5 as outpatient:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [www.odgtwc.com/odgtwc/formulary.htm](http://www.odgtwc.com/odgtwc/formulary.htm)=[drugs.com](http://drugs.com) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill,2010.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188 (page 174).

**Decision rationale:** The patient is a 52 year old female with a date of injury of 08/21/2001. She had neck and back pain and has been treated with a spinal cord stimulator, opiates, Soma and antidepressants. She had an office visit on 01/27/2015 and had decreased cervical range of motion. There was decreased sensation at the right C6 and C7 dermatomes. Reflexes were symmetric. Motor exam was symmetric except for a slight difference in strength of right shoulder abduction. Right cervical medial branch blocks for C2 - C5 were requested for 02/05/2015 and 03/22/2015. ACOEM Chapter 8 Neck and Upper Back Complaints note that there are no high quality clinical trials in this area and injection procedures like medial branch blocks are not recommended. Also, there is no documentation that the use of medial branch blocks improve the long term health outcome of this patient's condition. The requested procedures are not medically necessary.