

<b>Case Number:</b>	CM15-0213323		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/21/2005
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female who sustained an industrial injury on 02-21-2005. A review of the medical records indicated that the injured worker is undergoing treatment for cervicgia and right shoulder pain. Surgical interventions were not noted in the medical records. According to the treating physician's progress report on 10-05-2015, the injured worker continues to experience neck and shoulder pain into the right arm rated at 9 out of 10 on the pain scale without medications. Examination demonstrated pain with range of motion in all directions especially with right lateral bending and pain with palpation of the right facet joints. The right shoulder was tender to palpation at the biceps tendon and lateral shoulder. Imaging reported within the record dated 10-05-2015 showed "degenerative changes". Prior treatments have included diagnostic testing, Toradol intramuscularly and medications. There was no other documentation of previous therapeutic modalities for the cervical spine. Current medications were listed as Ibuprofen, Paxil, Lunesta and Zanaflex. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of changing Lunesta to Ambien and the current request for medial branch blocks C3-C7, right side. On 10-28-2015 the Utilization Review determined the request for medial branch blocks C3-C7, right side was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks C3-C7 right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. In this case, the request was for more than 2 levels on injections. In addition, there was no specific mention or findings of facet arthropathy. The ACOEM guidelines do not recommend invasive procedures due to their short term benefit. The request for C3-C7 Medial Branch Blocks is not necessary.