

<b>Case Number:</b>	CM15-0033979		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, New York, 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 applicant is a represented 46-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of October 26, 2003. In a utilization review report dated January 28, 2015, the claims administrator partially approved a request for three-level medial branch blocks as a two-level medial branch block. The claims administrator referenced non-MTUS ODG Guidelines in its determination, in conjunction with the now-outdated, now mis-numbered MTUS 9792.20(e), which was, it was incidentally noted, mislabeled as originating from the current MTUS. A January 20, 2015 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. On said January 20, 2015 progress note, the applicant reported ongoing complaints of low back pain, neck pain, bilateral shoulder pain, and migraine headaches. The applicant was status post failed cervical and lumbar fusion surgery. The applicant was still using tramadol and Norco for pain relief. The applicant was no longer working and had "retired" at age 46, the treating provider suggested in one section of the note. The applicant reported derivative complaints of depression and anxiety with numbness, tingling, and paresthesias appreciated about the bilateral arms and bilateral legs. The applicant's BMI was 28. The applicant exhibited well-preserved, 5/5 upper extremity strength. Multilevel cervical medial branch blocks were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medial Branch Block (C2-C5): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks at issue are deemed "not recommended" in the evaluation and management of applicants with neck and upper back complaints, as were present here. Here, it is further noted that there is considerable lack of diagnostic clarity. The applicant's primary pain generator insofar as the cervical spine is concerned appears to be cervical radiculopathy status post earlier failed cervical spine surgery. The applicant continues to report ongoing complaints of neck pain radiating into the arms with associated upper extremity paresthesias. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.