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| <b>Case Number:</b>   | CM15-0081224 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 10/13/2014 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 04/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 47 year old male who sustained an industrial injury on October 13, 2014. Previous treatment includes medications. Currently the injured worker complains of neck pain with radiation of pain to the right arm. Diagnoses associated with the request include cervical facet syndrome and cervical pain. The treatment plan includes chiropractic therapy, MRI of the cervical spine, neuropsychologist evaluation, medial branch block and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at left C3, C4, C5 and C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Medial branch block.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, medial branch blocks a left C3, C4, C5 and C6 are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular; no more than two levels may be blocked at one time; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured workers working diagnoses are cervical facet syndrome; and cervical pain. A new patient evaluation was performed on March 19, 2015. The injured worker presented, subjectively with neck pain that radiates to the right arm and headaches with multiple visits to the emergency department. The injured worker had a CAT scan of the cervical spine that showed multilevel disease from C4 through C7. Objectively, there are no physical findings of radiculopathy at the cervical spine. The injured worker has not had a prior MRI of the cervical spine or plain x-rays of the cervical spine. The request for medial branch blocks exceeds the guideline recommendations indicating that no more than two levels are injected. The provider request exceeds guideline recommendations by requesting a left C3, C4, C5 and C6 medial branch blocks. Additionally, there is subjective evidence of cervical radiculopathy. The guidelines state there should be no evidence of radicular pain. Additionally, the ACOEM does not recommend facet injections of steroids or diagnostic blocks. Consequently, absent clinical documentation that falls within the guideline recommendations for medial branch blocks (no more than two levels blocked at one time) and subjective evidence of radiculopathy and guideline non-recommendations for facet injections, medial branch blocks a left C3, C4, C5 and C6 are not medically necessary.