

<b>Case Number:</b>	CM15-0085838		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 Jersey, New York  
 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 65 year old female, who sustained an industrial injury on 10/08/2011. She reported neck and back pain after a trip and fall. The injured worker was diagnosed as having neck pain and cervical spondylosis. Treatment to date has included chiropractic, water therapy, exercise, and medications. On 3/11/2015, the injured worker complains of low back and neck pain, not rated. Her neck pain intermittently radiated down the left upper extremity to her fingers. She was currently participating in physical therapy with some improvement in back pain but it did not help her neck pain. Imaging reports were not noted. Current medications included Lidocaine patch, Flector patch, Naprosyn, and Norco. Exam noted limited range of motion with forward flexion of the neck, motor strength 5/5 in the upper extremities, and tenderness to palpation over the cervical facet joints and paraspinal musculature. She was not working, with prior progress reports noting a permanent and stationary work status. The recommended treatment included diagnostic medial branch nerve injections at bilateral C4, 5, and 6 with intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic medial branch nerve injections at bilateral C4, 5, 6 with IV sedation, cervical spine,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Reed Group/The Medical Disability Advisor Official Disability Guidelines -Neck and Upper Back chapter - Facet Joint Diagnostic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, facet joint diagnostic blocks.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, (which discusses medial branch block for the low back) the criteria to perform a nerve block includes pain that is non-radicular which does not apply to this patient. The patient was documented to have neck pain radiating to the left upper extremity. Therefore, the request is considered not medically necessary.