

<b>Case Number:</b>	CM14-0113527		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who reported an injury on 03/27/2012; during a storm, an umbrella fell on her, hitting her in the neck. The past treatments included physical therapy, acupuncture, injections, and medication. The injured worker complained of neck pain. The diagnoses included neck pain with loss of physiologic lordosis, and costovertebral joint pain. The diagnostics included MRI of the cervical spine of unknown date that revealed loss of physiologic lordosis at the L5-6 due to stiffness at the L4-5 level. Medications included omeprazole, Oxybutynin, Flexeril, ibuprofen, hydrocodone and diazepam. The past surgical history included a right rotator cuff repair, dated 07/24/2012, a right rotator cuff repair, dated 01/08/2013, right total replacement 01/15/2014. Physical evaluation of the cervical spine, dated 06/27/2014, revealed upright coronal alignment appeared grossly normal, flexion and extension 100% normal, negative Spurling's sign bilaterally, some reproducible tenderness over the cervical spine musculature. Upper extremities normal, no gross motor or sensory deficits; however, unable to abduct right shoulder greater than 90 degrees. The treatment plan included a medial branch block at C4-5 and C5-6. The Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Branch Block Bilateral C4-5 & C-6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Online - Treatment of Neck and Upper Back Conditions, Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block

**Decision rationale:** The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that, if successful, treatment may be proceeded to fact neurotomy at the diagnosed level. The criteria for the diagnostic block is limited to injured workers with cervical pain that is nonradicular, no more than joint levels are injected at one session, and failure of conservative treatment to include home exercise, PT, and nonsteroidal anti-inflammatory drugs prior to the procedure for at least 4 to 6 weeks. The clinical notes indicated that the injured worker received acupuncture and requested additional acupuncture. The documentation indicated that the injured worker continued with medical acupuncture as it offered some pain relief. It also indicated that the injured worker was declining injections. There is a lack of documentation indicating failed conservative care to include physical therapy and no indication that the injured worker had failed medications. As such, the request is not medically necessary.