

<b>Case Number:</b>	CM14-0126909		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation and is licensed to practice in Maryland and Alabama. 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 patient is a 41 year old female with a date of injury of 9/14/2005. Patient had an anterior C6-7 fusion in 2008 and a left shoulder surgery in may 2014. She had a CT in 2013 that showed no pathology. She has a history of GERD and was prescribed Zantac, reglan, and Prilosec for this by her primary care physician. She left [REDACTED] practice in 09/2011 but returned in 2014. The orthopedic surgeon associated with [REDACTED] had done her neck surgery in 2008 but did not do her shoulder surgery in May 2014. There is no indication why she did not see her shoulder surgeon in 06/2014 in the records. [REDACTED] did a urine drug test screen in 07/2004 but no result is available in the records provided. There is also a mention of a trigger point trial without a follow-up note. Patient has been seen by several different physicians for her complaint with an inconsistent follow-ups as per the records. There is a request for a medial branch block at the C7-T1 bilaterally , and the request is being questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block at bilateral C7-T1:** 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) Trigger Point injections (TPI)

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

**Decision rationale:** Patient has been seen by several different physicians in an inconsistent pattern as per the available medical records. There is no evidence of consistent follow-up regarding her pain management to monitor her functional or pain improvement. Moreover, she has had trigger point injections with an undocumented follow-up for her cervical myofascial pain. In addition, there is lack of incorporation of other conservative treatments and modalities. I believe that patient's lack of follow-up, and failure to participate in more conservative management makes this request medically unnecessary at this point in time.