

<b>Case Number:</b>	CM14-0127146		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/05/2014
<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 Occupational Medicine and is licensed to practice in Illinois. 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:

Injured worker is a male with date of injury 11/9/1996. Per primary treating physician's progress report dated 6/24/2014, the injured worker reports that he ran out of Cymbalta for 4 days and had considerable amount of increased pain in his cervical spine and lower back as well as pain down his right leg. He reports that since restarting his Cymbalta his symptoms have improved. He reports that during that time, the Norco was not sufficient to control his pain. He reports that his reflux secondary to the Norco use is stable with Prevacid. He reports that he continues to have insomnia almost every night secondary to his increased pain levels once his Norco wears off. His pain is 4/10 located in his neck and his lower back. He reports that he continually has tightness in his lower right back of which he discontinued taking Robaxin as he states it does not appear to be helpful. On examination, he was tender over the musculature lateral to the right side of his lumbosacral spine. He was tender at the sciatic notch. He had a positive seated straight leg raise on the right, negative on the left. Diagnoses include 1) chronic low back pain 2) chronic cervical spine pain 3) insomnia 4) reflux 5) right leg radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block Left C3-C4 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,181.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Cervical Facet Joint Injections. The request for Medial Branch Block Left C3-C4 x 1 is determined to not be medically necessary.