

<b>Case Number:</b>	CM14-0143928		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/26/2005
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Pain Management 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 29-year-old female who was involved in a motor vehicular accident and sustained industrial injuries on April 26, 2005. On May 19, 2014, the injured worker underwent cervical facet joint injection under fluoroscopic guidance at bilateral C5-C6 and C6-C7. The injured worker presented to the provider's office on June 26, 2014 and reported no significant improvement in her pain symptoms following the procedure. However, she complained of pain in her neck with severe muscle spasms. In her follow-up visit on August 6, 2014, she reported that her neck was the most problematic at that time and had worse pain on the right side. She noted that her left side was improved since the procedure. On examination, she had significant pain with neck movement. Guarding of the right shoulder was noted and diffused tenderness was present over the paraspinals, more dominant on the right side. Sharp pain was also elicited in the medial scapular border.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Blocks (MBB ) On Right C4, C5, C6 x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Joint Therapeutic Steroid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks and Facet joint therapeutic steroid injections

**Decision rationale:** According to the progress report dated August 6, 2014, under "Discussion", it states that the first set of injections had caused significant flare up. Afterwards, the injured worker experienced significant changes including improvement in her cervical range of motion and use of right upper extremity, as well as reduction in the numbness and tingling in her right hand. However, the injured worker's satisfactory response to initial medial branch block was not properly examined. It should be noted that there were no duration and comparable continued evidence of improvement in pain levels as well as objective examination of range of motion to support functional improvement. In the absence of proper documentation of outcome, repeating this procedure is therefore not medically necessary. The Official Disability Guidelines specified that the injured worker should document pain relief with an instrument such as a visual analogue scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use and activity logs to support subjective reports of better pain control. Furthermore, the guidelines stipulate that a successful treatment must gain initial pain relief of 70% plus pain relief of at least 50% for duration of at least six weeks. Therefore, the request is not medically necessary.