

<b>Case Number:</b>	CM14-0162793		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/12/1993
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 63-year-old female with a reported date of injury on 02/10/2014. The mechanism of injury was not listed in the records. The diagnosis included degenerative cervical disc disease and facet arthropathy, cervical. The past treatments include pain medications, physical therapy, and epidural steroid injections. There was relevant diagnostic imaging submitted for review. There is no relevant surgical history documented within the clinical notes. The subjective complaints on 09/04/2014 included cervical pain. The physical examination findings noted mild cervical facet tenderness with spasms. Spurling's test is negative. There was no pain with facet loading. The injured worker's medications included Vicodin and Aspirin. The treatment plan is to request authorization for cervical facet medial branch block. A request was received for bilateral cervical facet medial branch block at C3, C4, C5, and C6 levels. The rationale for the request was not provided. The Request for Authorization was not submitted with the records. The medications included Norco and aspirin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Cervical Facet Medial Branch Block at the C3, C4, C5 and C6 Levels:** Overturned

**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) Treatment for Workers' Compensation, Online Edition

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

**Decision rationale:** The request for Bilateral Cervical Facet Medial Branch Block at the C3, C4, C5 and C6 Levels is medically necessary. The Official Disability Guidelines state in regards to medial branch blocks, no more than one set of medial branch diagnostic blocks prior to facet neurotomy. In addition, Limited to patients with pain that is non-radicular and must include documentation of failure of conservative treatment. The clinical presentation should be consistent with facet joint pain, signs & symptoms such as tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, and absence of radicular findings. The injured worker presented with chronic neck pain. There was of documentation in the physical examination of tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, and absence of radicular findings. Furthermore, there was evidence that the injured worker failed conservative treatment. The request meets the evidence based guidelines. As such, is medically necessary.