

<b>Case Number:</b>	CM14-0166065		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 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:

Medical records reflect the claimant is a 62 year old male who sustained a work injury on 9-15-97. Office visit on 9-3-14 notes the claimant had six physical therapy sessions with improvement in range of motion and diminished headache. The claimant had a home exercise program that did not affect her headaches. The claimant had an occipital nerve block that provided 80% pain relief in the past. The claimant also had a trigger point injections that provided 70% improvement in the past. Office visit on 10-3-14 t notes the claimant has neck pain, headaches, thoracic pain and bilateral shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical (Neck) Medial Branch Block at C2 and C3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ODG notes that Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of

diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine.2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).There is an absence in documentation noting that this claimant has facet mediated pain. No physical exam noting facet mediated pain. Therefore, the medical necessity of this request is not established. The request for Cervical (Neck) Medial Branch Block at C2 and C3 is not medically necessary.