

<b>Case Number:</b>	CM14-0180350		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on December 9, 2013. Obstructive 20, he developed with chronic neck pain. According to a progress report dated on September 15, 2014, the patient was complaining of neck pain radiating to both upper extremities. The physical examination demonstrated the cervical tenderness with spasm and reduced range of motion. Sensation was intact in both upper extremities. The patient MRI of cervical spine performed with the on January 17, 2014 demonstrated C3-C7 spondylosis. The patient was diagnosed with the cervical neck pain, cervical disc disorder, derangement of the knee and sprain of the back. The provider request authorization for cervical spine medial branch at the level of C5 C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cervical spine medial branch nerve block, C5-C7:** 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 joint intra-articular injections (therapeutic blocks)  
([http://worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#Facetjointinjections](http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections))

**Decision rationale:** The ODG guidelines did not support facet injection for cervical pain in this context. There is no strong evidence supporting the use of cervical facet injection for the treatment of neck pain. There is no documentation that the cervical facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Furthermore, there is no documentation of rationale behind the request for cervical facet block and whether this is used for diagnostic and therapeutic purpose. Therefore, the request for Right cervical spine medial branch nerve block, C5-C7 is not medically necessary.