

<b>Case Number:</b>	CM14-0080885		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/15/1999
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Internal Medicine 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 a 51 year old female whose date of injury is 02/15/1999 when she fell off a ladder onto a concrete floor. The injured worker is status post cervical spine surgery x 2 including anterior cervical disectomy fusionm C5-6. She continues with persistent neck pain and left upper extremity pain. Medications were noted to include Avinza, Lexapro and Norco. Physical examination on 01/22/14 revealed that the injured worker ambulates with a normal gait; posture showed slight lumbar lordosis. Anterior head tilt is good. Shoulder girdles are equal. There was slight decreased sensation consistent with the C6 dermatome of the left hand. The injured worker has break-away weakness of wrist extension on the left and some mild biceps weakness as well. Cervical range of motion is full. She has some increased symptomatology with extension and rotation to the left, and straight extension as well. Multiple trigger points also were identified. Referral to physical therapy/home exercise program, trigger point injections, and possible diagnostic/therapeutic injection at C6-7 facet joint level were recommended. Cymbalta and Topamax were started. Trigger point injections were performed on 03/12/14; however, there was no subsequent assessment of the response to this procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Median Branch Block at Cervical 6 - Cervical 7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks

**Decision rationale:** American College of Occupational and Environmental Medicine notes that invasive techniques such as injection of facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Per Official Disability Guidelines, one set of diagnostic medial branch blocks may be considered for patients with cervical pain that is non-radicular and at no more than two levels bilaterally when there is documentation of failure of conservative treatment for at least 4-6 weeks prior to the procedure. There is no documentation provided that the injured worker has tried and failed a recent course of physical therapy and anti-inflammatory medications. Radicular symptoms continued which is an exclusionary criterion for cervical facet/medial branch blocks. There is no response to previous facet joint injections. Therefore, the request for Median Branch Block at Cervical 6 - Cervical 7 is not recommended as medically necessary.