

<b>Case Number:</b>	CM14-0093639		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

This 62 year-old patient sustained an injury on 8/20/10 while employed by [REDACTED]. Request(s) under consideration include medial branch block on the left at C4-5, C5-6, and C6-7. Diagnoses include Cervical spinal stenosis/ arthrosis/ radiculopathy; trapezial/ paracervical and parascapula strain; right radial tunnel syndrome; right forearm tendonitis s/p right ASAD, right CTR and right cubital tunnel release. Report of 6/3/14 from the provider noted patient with chronic ongoing neck pain and stiffness with radiating pain/ numbness/ tingling in his hands improved with cervical epidural injections. Exam showed decreased grip strength and decreased sensation in C5, C6, and C7 dermatomes. The request(s) for medial branch block on the left at C4-5, C5-6, and C6-7 was non-certified on 6/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**medial branch block on the left at C4-5, C5-6, and C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute on chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

**Decision rationale:** This 62 year-old patient sustained an injury on 8/20/10 while employed by [REDACTED]. Request(s) under consideration include medial branch block on the left at C4-5, C5-6, and C6-7. Diagnoses include Cervical spinal stenosis/ arthrosis/ radiculopathy; trapezial/ paracervical and parascapula strain; right radial tunnel syndrome; right forearm tendonitis s/p right ASAD, right CTR and right cubital tunnel release. Report of 6/3/14 from the provider noted patient with chronic ongoing neck pain and stiffness with radiating pain/ numbness/ tingling in his hands improved with cervical epidural injections. Exam showed decreased grip strength and decreased sensation in C5, C6, and C7 dermatomes. The request(s) for medial branch block on the left at C4-5, C5-6, and C6-7 was non-certified on 6/13/14. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Per report review, diagnoses include cervical radiculopathy and objective findings indicate radicular symptoms along with decreased sensory and weakness in upper extremity that would be more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. The patient has also received cervical epidural steroid injection with noted improvement. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs) or demonstrated facet arthropathy on imaging studies noted to show herniated nucleus pulposus. There is no documented efficacy or functional benefit derived from previous injections. The medial branch block on the left at C4-5, C5-6, and C6-7 are not medically necessary and appropriate.