

<b>Case Number:</b>	CM14-0160001		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Nephrology 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 is a 59-year-old female with an 8/13/04 date of injury. According to a progress report dated 9/5/14, the patient reported that her neck pain severity was moderate and has not changed. There was radiation of pain to the bilateral upper arm, bilateral forearm, wrists, and hands. Her pain was relieved by ice, injection, massage, physical therapy, and lying down. She reported her pain intensity as a 9/10 without medications and as a 7/10 with medications. She reported that her pain has interfered with her daily activities at a level of 8/10. She noted that a RF in the C2, C3 TON both sides "was the only thing that stopped the ice pick" part of her headaches. Her original Medial Branch Nerve Blocks at these levels was in December of 2011 and reported an 85% reduction of pain. She subsequently reduced her medication strength from Percocet to Norco. Objective findings: tenderness upon palpation of cervical and thoracic spine, moderate pain with range of motion, sensory and motor exam. Diagnostic impression: neck pain, headache, cervical disc disorder w/radiculopathy, scervical stenosis, failed back syndrome of the cervical spine. Treatment to date: medication management, activity modification, injection, massage, acupuncture, and physical therapy. A UR decision dated 9/19/14 denied the request for Medial Branch Block Cervical at C2, C3, C4 on the right side. There is no documentation of the duration and percentage pain relief from the prior facet injections/medial branch blocks and any corresponding decrease in medication use or increase in function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch nerve block, cervical, at C2, C3, C4 and TON on the right side: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Facet joint diagnostic blocks.

**Decision rationale:** CA MTUS states that diagnostic 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. ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, in the present case, the patient is noted to have radicular pain with radiation of pain to the bilateral upper arm, bilateral forearm, wrists, and hands. In addition, she has a diagnosis of cervical radiculopathy. Guidelines do not support facet blocks in the presence of radicular pain. Furthermore, there is no documentation of failure of conservative measures of treatment. Therefore, the request for Medial branch nerve block, cervical, at C2, C3, C4 and TON on the right side was not medically necessary.