

<b>Case Number:</b>	CM14-0212583		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 has a date of injury on 8/29/02. His complaints include chronic neck pain. He is status post C5-6 and C6-7 anterior cervical discectomy on 1/24/12 with subsequent prosthesis placement on 4/16/12. Electrodiagnostic testing performed on 11-2-14 revealed evidence of mild right carpal tunnel syndrome. The physical examination was notable for restricted cervical range of motion and tenderness/tightness vertebral muscles bilaterally. He is currently receiving chronic opioid therapy and ibuprofen 800 mg 3 times a day. With reported pain level to 7/10 on sustained release oxycodone. Request is being made for cervical facet nerve blocks at C3, C4 and C5 on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Facet Nerve Block site C3, right side single level QTY1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines ( ODG) Treatment in Workers Compensation (TWC), Neck and upper back (Acute & Chronic) (updated 4/14/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The injured worker is status post anterior cervical discectomy and intervertebral disc replacement for chronic neck pain. There is no notable improvement in pain or functional status with chronic opioid therapy. Request has been made for cervical medial branch block on the right side at C3. MTUS guidelines does not recommend facet injections for management of neck pain complaints. Request therefore is not medically necessary.

**Cervical Facet Nerve Block site C4 and C5 right side, additional levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines ( ODG) Treatment in Workers Compensation (TWC), Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The injured worker is status post anterior cervical discectomy and intervertebral disc replacement for chronic neck pain. There is no notable improvement in pain or functional status with chronic opioid therapy. Requested has been made for cervical medial branch block on the right side from C4-C5. MTUS guidelines does not recommend facet injections for management of neck pain complaints. Request therefore is not medically necessary.