

<b>Case Number:</b>	CM14-0218648		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 36-year-old male with a work-related injury dated March 4, 2013. Per the utilization review decision, physician's visit dated December 9, 2014 the worker was complaining of pain in the cervical spine that was rated a six on a scale of ten. Per the documentation, the worker had received physical therapy to the cervical spine but not the lumbar spine. This visit was not available in the medical records submitted. An MRI in March 2013 showed cervical spinal canal narrowing from C3-T1 and disc protrusion. The most recent documentation that was submitted was dated October 27, 2014 reflected that the worker had "pain in all areas". Physical exam was remarkable for tenderness in the para-cervical and the trapezius region, range of motion in the neck reduced and limited by pain and normal motor strength in the upper extremities. The diagnoses at this visit included shoulder arthralgia, cervical spondylosis with myelopathy, cervical herniated nucleus pulposus, cervical disc degeneration, cervical spinal stenosis, cervicgia, cervical radiculitis, shoulder impingement, shoulder contusion and contusion of the scapula. Treatment requested at this visit included left shoulder injection, subacromial region. The physician documented that this was not a duplicate request; the previous request was for a trigger point injection. The utilization review decision dated December 15, 2014 non-certified the request for a bilateral medial branch block of the C5-C6 with fluoroscopy. The denial was based on the ODG Neck and Upper Back Chapter. In this case, the worker had well documented cervical radiculopathy per imaging studies and examination findings. Medial branch blocks are specifically not recommended in patients with radicular symptoms. The request was therefore non-certified as not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch block C5/6 with fluoroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Pain and Medial Branch Blocks

**Decision rationale:** According to the guidelines, current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBB. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. In this case, there is no indication for facet blocks in the future. The MBB is indicated for diagnostic purposes prior to a facet block which is under study and not medically necessary. Therefore a bilateral cervical medial branch block is not medically necessary.