

<b>Case Number:</b>	CM14-0219148		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 is a 61 year old female, who sustained an industrial injury on 3/18/2013. The current diagnoses are neck pain, prolapsed cervical intervertebral disc, shoulder pain - status post rotator cuff repair (7/30/2013), low back pain, and sciatica. Currently, the injured worker complains of low back, neck, and right shoulder pain. The low back pain is 8/10 with associated back stiffness and radicular pain and weakness in the right and left leg. The cervical pain is 8/10 with associated numbness, tingling, and weakness in the right and left arm. The pain in the right shoulder is 8/10. Treatment to date has included medications, chiropractic, physical and occupational therapy, and surgery. The treating physician is requesting right C3-6 medial branch blocks, which is now under review. On 12/3/2014, Utilization Review had non-certified a request for right C3-6 medial branch blocks. The ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C3-6 Medial Branch Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck and upper back chapter, cervical facet joint diagnostic blocks

**Decision rationale:** This patient presents with right shoulder and right neck pain. The patient also complains of right arm pain with sharp tingling and electrical sensation. The current request is for right C3-C6 medial branch blocks. The ODG Guidelines, under the neck and upper back chapter for cervical facet joint diagnostic blocks, state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is nonradicular and no more than two levels bilaterally. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: 1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings. In this case, the patient presents with radicular symptoms down the right arm with tingling and electrical sensation. ODG supports facet diagnostic blocks only when there is absence of radicular symptoms. Furthermore, the treating physician has requested C3-C6 medial branch block, which equates to a 3-level block, and ODG states that no more than two levels bilaterally are to be performed at one time. The requested right C3-C6 medial branch blocks are not medically necessary.