

<b>Case Number:</b>	CM15-0010180		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Hawaii

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 63 year old male with an industrial injury dated 12/14/2010. His diagnoses include cervicgia, intervertebral cervical disc disorder with myelopathy, and degenerative cervical intervertebral disc. Recent diagnostic testing was not provided or discussed. He has been treated with medications, conservative care, and physical therapy. In a progress note dated 12/08/2014, the treating physician reports continued neck pain, severe headaches, nausea, tinnitus, and an average pain rating of 6-8/10 despite treatment and cervical fusion. The objective examination revealed cervical spondylosis. The treating physician is requesting right medial branch block at C2, C3, C4 and C5 which was denied by the utilization review. On 12/16/2014, Utilization Review non-certified a request for right medial branch block at C2, C3, C4 and C5, noting the absence of facet joint pain or signs and symptoms. The ACOEM and ODG guidelines were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of right medial branch block at C2, C3, C4 and C5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medical Branch Block C2, 3, 4, 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Initial Care-Invasive techniques. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Facet joint therapeutic steroid

**Decision rationale:** The patient presents with pain affecting the neck. The current request is for Right Medial Branch Block C2, 3, 4, 5. The treating physician report dated 12/8/14 (57C) states, Right C2345 mbb for neck pain/HA. No further rationale was provided from the treating physician in the medical reports provided. The MTUS guidelines do not address the current request. The ODG guidelines have the following: While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the treating physician has diagnosed the patient with severe spinal stenosis in the report dated 12/8/14. The physician is asking for 3-4 levels to be blocked and the ODG guidelines clearly state that no more than 2 levels may be blocked at any one time. The current request does not satisfy the ODG guidelines as outlined in the Neck and Upper back chapter. Recommendation is for denial.