

<b>Case Number:</b>	CM15-0111819		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 (IW) is a 49-year-old female who sustained an industrial injury on 05/05/2003. Diagnoses include cervical facet arthrosis, cervical discogenic disease and chronic cervical spine sprain/strain. Treatment to date has included medications, epidural steroid injections, trigger point injections, and physical therapy. According to the progress notes dated 4/22/15, the IW reported chronic cervical spine pain, right shoulder pain, low back pain, upper back pain, bilateral ankle and foot pain, bilateral knee pain, right wrist pain and TMJ (temporomandibular joint) pain. She complained of increased muscle spasms. On examination, the cervical spine was tender over the C5-7 facets and over the cervicotrachezial ridge, range of motion (ROM) was decreased and pain and spasms were present. The lumbar spine was also painful, with decreased ROM, spasms and trigger points. Straight leg raise was positive on the right at 70 degrees with complaints of increased numbness in the right leg. An injection of Toradol was given on the date of service for pain. A request was made for facet blocks C5-7, bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet blocks, C5-7, bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non- radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 3 joint levels, clearly beyond the maximum of 2 joint levels recommended by guidelines. Therefore, the currently requested cervical medial branch block is not medically necessary.