

<b>Case Number:</b>	CM15-0124541		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on 3/30/2011, while employed as a plumber. He reported pain in his neck, shoulder, elbow, and hand while removing a sink. The injured worker was diagnosed as having cervical stenosis. Treatment to date has included surgery to his shoulder, elbow, and hand, physical therapy, medial branch block in 2013 with significant relief of neck and upper trapezius pain, cervical facet nerve block at C3, C4, C5 on 6/26/2013, cervical medial branch radiofrequency neurotomy to right C3, C4, C5 on 8/17/2013, home exercise, and medications. Currently, the injured worker complains of a return of right extremity pain. He reported that his worst pain was axial, right greater than left. He had general arm achiness in the shoulder, distal into the elbow, and numbness in his fingers. He also reported migraines approximately twice a month. Pain was rated 8/10, constant and worsening. He also reported right arm weakness and episodes of depression, anxiety, and difficulty sleeping. Current medications included Vicodin, Lyrica, Amitriptyline, Naproxen, Propranolol, Biotene, and Sumatriptan. He was scheduled for surgery on 6/25/2015 for a ruptured right thumb tendon. The treatment plan included bilateral cervical medial branch blocks at C3, C4, and C5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical medial branch blocks at C3, C4, C5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, facet joint diagnostic blocks section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in March 2011 while working as a plumber with injury to the neck and right upper extremity. Treatments have included right upper extremity surgery. He had right cervical medial branch blocks in June 2013 with reported improvement and right cervical medial branch radiofrequency ablation in August 2013. He was seen on 05/26/15. He was having right worse than left axial neck pain. Pain was rated at 8/10. He was having generalized right upper extremity weakness. Physical examination findings included pain with cervical extension and ipsilateral pain with rotation and rotation combined with extension. There was right worse than left multilevel facet tenderness. Imaging results were reviewed showing findings of bilateral facet degeneration. Authorization for a two level cervical facet medial branch block procedure was requested. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has axial neck pain with positive facet loading maneuvers. He has bilateral symptoms and had responded positively to facet denervation on the right side in 2013. He meets criteria for the requested diagnostic blocks and the procedure was medically necessary.