

<b>Case Number:</b>	CM15-0173011		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 58 year old female who sustained an injury on 11-30-07 resulting from repetitive trauma. Diagnoses include status post op fusion anterior and posterior with intermittent radiculopathy; bilateral carpal tunnel release The QME from 1-15-15 reports bilateral carpal tunnel syndrome which became severe and resulted in bilateral carpal tunnel releases; C4-T1 fusion on 6-25-09; fused C3 on 3-1-11 followed by physical therapy. Medications have included Norco 10- 325 mg; Soma; Trazodone 50 mg; Omeprazole 20 mg as required. 3-24-14 she had facet injections at C2-C3 and did not provide any relief. Physical therapy at the time did provide relief. Examination of the cervical spine reveals a midline surgical scar anterior and posterior; non-tender and 20 cm long posterior and anterior is non-tender and almost non-visible. There is tenderness to palpation of the mastoid process; spinous process from C2 through T2; tenderness of the supraclavicular fossa bilaterally. Right and left rotation is 60 degrees. Cervical spine (8-24-14) reveals evidence of solid cervical arthrodesis from C3 - T1; adjacent level facet degenerative disease at C2-3. The report indicates she asked for facet injections at C2-3 (1-15-14) with good relief of her symptoms however, the symptoms returned with pain in her neck radiating toward the trapezia musculature. She has had multiple surgeries to her cervical spine but continues to have chronic pain. It was recommended that an interferential unit be provided to help alleviate her cervical spine pain and if these modalities fail she may require a spinal cord stimulator. Current requested treatments Left C2-3 Medial Branch block with sedation. Utilization review 8-13-15 requested treatment is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C2-3 Medial Branch Block with sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in November 2007 and underwent a multilevel cervical fusion in March 2011 with extension of the fusion in June 2011 and has a cervical fusion extending from C3 to T1. Facet injections were done in March 2014 and were painful and did not provide pain relief. In April 2014, x-rays showed findings of C2-3 facet arthropathy. When seen, there was cervical spinous process tenderness with decreased range of motion. There was anterior and posterior cervical tenderness. There was bilateral wrist weakness. Being requested is authorization for medial branch blocks on the left side above the fusion level. In this case, the claimant already underwent cervical facet injections at the same level without reported benefit. Moderate sedation is also being requested for the procedure. The use of intravenous sedation including agents may be considered as negating the results of a diagnostic block. Therefore, the requested medial branch block procedure is not medically necessary.