

<b>Case Number:</b>	CM15-0027275		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

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 63 year old male with an industrial injury dated 02/14/2010. His diagnoses include cervicgia, intervertebral cervical disc disorder with myelopathy, degenerative cervical intervertebral disc. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, and multilevel anterior cervical discectomy and fusion surgery (no date). In a progress note dated 01/05/2015, the treating physician reports continued neck pain radiating to shoulder, headaches 5 out of 7 days per week, migraine headache to the back of the head, and pain ratings of 6-8/10. The objective examination revealed ongoing cervical axial pain with referred pain to the shoulders and upper occiput pain with severe headaches bilaterally. The treating physician is requesting C2-C5 medial branch block injections which were denied by the utilization review. On 01/12/2015, Utilization Review non-certified a request for C2-C5 medial branch block injections, noting the lack of documented failure of a full course of conservative treatments, no documentation of positive facet maneuvers, and unclear evidence as to whether his injured worker has received this type of treatment before. The MTUS ACOEM ODG Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of right C2-C5 medial branch block injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C2-C5 Medial Branch Block Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint injections/blocks(diagnostic or therapeutic).

**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 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Given this, the currently requested cervical medial branch block is not medically necessary.