

<b>Case Number:</b>	CM15-0068978		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 54 year old male, who sustained an industrial injury on 3/10/2010. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having cervical spondylosis, occipital neuralgia, myofascial pain syndrome and shoulder osteoarthritis. Cervical spine x rays showed cervical degenerative disc disease and multi-level joint facet osteoarthritis Treatment to date has included bilateral occipital nerve blocks, trigger point injections, physical therapy and medication management. In a progress note dated 3/11/2015, the injured worker complains of right sided neck and shoulder pain with pain in the shoulder blades with 50% relief from bilateral occipital nerve block. The treating physician is requesting diagnostic cervical medial branch blocks to the right cervical 4, 5, 6 with fluoroscopy guidance and Methoderm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Cervical Medial Branch Blocks Right C4 With Fluoroscopy Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** Diagnostic Cervical Medial Branch Blocks have been previously completed along with radiofrequency ablation (C4, C5, and C6) based on the results. Completion of another series of medial branch blocks at the same locations is not supported by the provided documentation. The MTUS states that invasive techniques have no proven benefit in treating acute neck and upper back symptoms, however, many pain specialists believe in the benefit of such procedures in the transition from acute to chronic pain. In this case, however, based on the guidelines and prior history of similar procedures, in considering the provided documents, additional medial branch blocks are unlikely to add substantial value to the management in this case, and are therefore not medically necessary.

**Diagnostic Cervical Medial Branch Blocks Right C5, C6 With Fluoroscopy Guidance:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** Diagnostic Cervical Medial Branch Blocks have been previously completed along with radiofrequency ablation (C4, C5, and C6) based on the results. Completion of another series of medial branch blocks at the same locations is not supported by the provided documentation. The MTUS states that invasive techniques have no proven benefit in treating acute neck and upper back symptoms, however, many pain specialists believe in the benefit of such procedures in the transition from acute to chronic pain. In this case, however, based on the guidelines and prior history of similar procedures, in considering the provided documents, additional medial branch blocks are unlikely to add substantial value to the management in this case, and are therefore not medically necessary.

**Menthoderm Ointment 120gms Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. While the requested medication is not contraindicated due to specific ingredients, the patient has used the cream chronically without documented evidence of substantial benefit. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence to support functional improvement or substantial clinical improvement while using the cream for topical treatment makes the requested treatment not medically necessary.