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| <b>Case Number:</b>   | CM15-0074359 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 07/07/2011 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male with an industrial injury date of 07/07/2011. His diagnoses included medial meniscal tear of the left knee, left cervical 6 and cervical 7 radiculopathy, lumbar 3 - lumbar 4 disc degeneration, lumbar 2 - lumbar 5 facet arthropathy/disc degeneration, cervical 5-6, cervical 6-7 and cervical 7 - thoracic 1 disc degeneration, cervical 5 - thoracic 1 stenosis, cervical pseudoarthrosis cervical 5 - thoracic 1, cervical 3 - cervical 4 spondylolisthesis, status post left knee surgery and status post cervical 5 - thoracic 1 anterior cervical discectomy and fusion with cage instrumentation and partial corpectomy. There are associated diagnoses of anxiety, PTSD and depression. Prior treatments include pain management, psychiatric evaluation, surgery and medications. He presents on 04/02/2015 with complaints of neck pain, lower back pain and left knee pain. Physical exam revealed tenderness over the bilateral cervical paraspinal musculature. There was tenderness over the base of the neck, base of skull and over the thoracic paraspinal musculature. Treatment plan included medial branch blocks from lumbar 3 - sacral 1 bilaterally, medial branch blocks from cervical 7 - thoracic 1 bilaterally and ongoing pain management care for medication management. The medications listed are Imitrex, temazepam, Xanax, Cymbalta, Protonix and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks from C7-T1 bilaterally:** Overturned

**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 and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of cervicothoracic facet syndrome. The patient had completed medications and PT treatments. The criteria for the bilateral C7-T1 facet median branch blocks was met, the request is medically necessary.