

<b>Case Number:</b>	CM15-0090343		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/20/2001
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 71 year old female who sustained an industrial injury on 12/20/01. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the cervical spine. Current complaints include pain in the cervical and thoracic spine regions. Current diagnoses include spinal enthesopathy, cervicgia, chronic bilateral carpal tunnel syndrome, chronic pain syndrome, cervical radiculitis, disc disorder of the cervical region, and spinal stenosis of the cervical region. In a progress note dated 0408/15 the treating provider reports the plan of care as medication refill and a medial branch block. The requested treatments include cervical medial branch block bilaterally at the 1st, 2nd, and 3rd levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Block Injections at 1st, 2nd and 3rd level bilateral under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks.

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

**Decision rationale:** This patient receives treatment for chronic pain involving the neck and R upper extremity. This relates back to an industrial injury dated 12/20/2001. This patient had cervical spine surgery with hardware placement and has become opioid dependent. Other diagnoses include carpal tunnel syndrome on the right and myofascial pain with a levator scapulae distribution. On Physical exam the patient exhibits decreased neck ROM. The documentation states that the patient needs physical therapy to teach a home exercise program. The documentation does not make clear the exact reasoning behind the request for cervical medial nerve blocks. In addition, the documentation does not mention if this has been tried and failed in the past. The documentation does not clearly state the conservative therapy has been exhausted first. The medical nerve blocks are not medically necessary.