

<b>Case Number:</b>	CM15-0092658		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 43 year old male who sustained an industrial injury on 04/29/2009. The injured worker was diagnosed with cervicalgia. Treatment to date includes diagnostic testing, work restrictions and conservative measures. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience pain at the base of his neck rated at 3/10 which worsens with lifting, pushing and pulling. Examination demonstrated the injured worker has good strength and sensation in the bilateral upper extremities. Current medications were not discussed. Treatment plan consists of pain management, potential radiofrequency ablation and the current request for cervical facet medial bundle branch block injection to C6-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Injection: medial bundle branch block C6-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back, Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter.

**Decision rationale:** As the California MTUS does not specifically discuss medial branch blocks in cases of neck and back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure, and no more than two levels injected in one session. In this case, the very brief provided documents do not provide sufficient evidence for failure of conservative treatment modalities, and the most recent notes simply document physical exam as having good strength in the upper extremities. Therefore the request cannot be considered medically necessary at this time based on the provided records.