

<b>Case Number:</b>	CM15-0093117		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

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 46-year-old female who sustained an industrial injury on 02/23/09. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical fusion and subsequent hardware removal, as well as left shoulder surgery. Diagnostic studies include CT scan of the cervical spine, and cervical and lumbar spine MRIs. Current complaints include chronic neck, lower back, and left shoulder pain. Current diagnoses include muscle spasm, osteoarthritis of the shoulder, lumbago, degenerative cervical intervertebral disc, cervical spondylosis, and pain in the shoulder. In a progress note dated 03/09/15 the treating provider reports the plan of care as medications including Flexeril, Dexzilant, TN1 cream, Norco, and a trial of Zanaflex; as well as home exercise, urine drug screen, and cervical facet workup for neck pain as well as cervical epidural steroid injection for radiculopathy, and hold left C3-6 medial branch block. The requested treatment includes a cervical medial branch block at C2-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cervical medial branch block (MBB) injection on the left side at C2, C3 and C4 levels: 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 (ODG), Neck and Upper Back Chapter, Facet Block.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work-related injury in February 2009. She underwent cervical spine anterior cervical decompression and fusion hardware removal on 02/02/15. When seen, her sleep had improved. There was paracervical tenderness with muscled spasms and crepitus and headache symptoms with range of motion. Being requested is authorization for medial branch blocks on the left side above the fusion level. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, there are no reported physical examination findings such as facet tenderness or restricted range of motion that would support the need for cervical medial branch blocks. The request is not medically necessary.