

<b>Case Number:</b>	CM14-0051895		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 female, who sustained an industrial injury on 10-27-2007. She has reported injury to the neck. The diagnoses have included chronic neck pain; degeneration of cervical intervertebral disc; post-laminectomy syndrome cervical region; spinal stenosis in cervical region; spasm of muscle; and unspecified myalgia and myositis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Lidoderm Patch, Celebrex, Voltaren Gel, Nucynta ER, and Nexium. A progress report from the treating physician, dated 03-17-2014, documented an evaluation with the injured worker. The injured worker reported chronic cervical pain; right arm pain; right greater than left neck pain-headache from the back of the head; she is doing fairly well with the neck, arm, and headache pain with the medications; her headaches continue, but are less severe; she is doing much better with the trial of Nucynta ER; she continues to take Norco for breakthrough pain; her average pain since the last visit is rated at 6 out of 10 in intensity; her sleep quality has improved; she continues with neck pain and headache on the left side; and the Nucynta has helped her use less Norco. Objective findings included alert and oriented on exam, continues to have pain in the cervical region with left greater than right occiput pain, as well as residual arm pain; she has decreased cervical range of motion and has crepitus with movement; she continues to have headaches that are of cervicogenic cause; there is no new neurological deficits noted; and exam is essentially unchanged from previous visits. The treatment plan has included the request for injection left C2, 3, 4, 5 medial branch block (MBB).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Left C2, 3, 4, 5 Medial branch block (MBB): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back -Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The patient is a 54-year-old female with an injury on 10/27/2007. She injured her neck. She had a laminectomy of the cervical spine. She has chronic neck pain. There is no documentation that MBB or epidural steroid injections of the cervical spine improve the long term functional outcome of the patient's condition. The MMB are not medically necessary for this patient.