

Case Number:	CM13-0013603		
Date Assigned:	10/01/2013	Date of Injury:	01/06/2012
Decision Date:	02/11/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 01/06/2012. The mechanism of injury was noted to be a motor vehicle accident. She has a diagnosis of displacement of a cervical intervertebral disc without myelopathy. Her symptoms are noted to include neck pain with radiating pain into the right and left arm, as well as weakness bilaterally. Her physical exam findings include slightly decreased motor strength noted as -5/5 in all planes of the bilateral upper extremities, normal sensation to the bilateral upper extremities, pain to palpation over the C2-3, C3-4, and C4-5 facet joints bilaterally, positive Spurling's maneuver on the left, positive maximal foraminal compression testing on the left, and pain with rotational extension, which is noted to be indicative of facet capsular tears bilaterally. The patient was noted to have previously had electrodiagnostic studies, which showed cervical root dysfunction at C7 on the left, as well as slight right medial neuropathy that may be initiated at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blocking of the Medial Branch Nerves in the C3-C7 region (C3-4, C4-5, C5-6, and C6-7) (two injections) with image guidance (Fluoroscopy or CT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facets: Criteria for the use of diagnostic blocks for facet nerve pain

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, Facet Joint Diagnostic Blocks.

Decision rationale: According to the Official Disability Guidelines, diagnostic blocks for facet nerve pain may be recommended for patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There also needs to have been failure of conservative treatment including home exercise, physical therapy, and NSAIDs for a least 4 to 6 weeks prior to the procedure. The clinical information submitted for review shows that the patient's pain has been radiating to her bilateral upper extremities. Additionally, electrodiagnostic studies were consistent with radiculopathy. Furthermore, details regarding the patient's conservative treatment, including home exercise, physical therapy, and NSAIDs, were not provided for review. Therefore, it is unknown whether the patient has been participating in this type of treatment for at least 4 to 6 weeks prior to the requested procedure. For these reasons, the request is non-certified.