

Case Number:	CM13-0017952		
Date Assigned:	10/11/2013	Date of Injury:	11/13/2011
Decision Date:	07/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 injured worker is a 59-year-old male who reported an injury on 11/13/2001. The mechanism of injury was not provided for clinical review. The diagnoses included status post-operative carpal tunnel release, status post-operative ulnar nerve decompression, failed postoperative subacromial decompression, left shoulder impingement, multilevel degenerative disc disease, cervical spine, ulnar and median neuropathy, severe depression, impaired sleep due to chronic pain, and dizziness due to cervical spine condition. Previous treatments include surgery and medication. Within the clinical note dated 04/21/2014, it was reported that the injured worker had hand numbness and coolness, which continue to fluctuate depending upon shoulder and trapezius positioning. Forward reaching aggravates pain and numbness also with trapezius muscle spasms immediately. Headaches continue to remain decreased as he continues to no longer hide it in the dark. The provider noted the injured worker's neck was held stiff with minimal movement. Facet loading in the lower cervical spine aggravated pain complaints. Pressure in the lower right cervical facets produced immediate radiating paresthesia and pain in the right hand. The provider noted tenderness to palpation with taut bands were found at myofascial trigger points with twitch response in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. The provider requested a medial branch block bilateral C3, C4, C5 under fluoroscopy. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block for C3, C4, and C5 under fluoroscopy QTY: 1.00: 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), Neck Chapter, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks.

Decision rationale: The injured worker complained of numbness and coolness, which continued to fluctuate depending on shoulder and trapezius positioning. Head turning is limited despite severity of pain. The injured worker reported the inability to turn his head easily. He reported headaches, which continue to remain decreased and he continues to no longer hide in the dark. The MTUS/ACOEM Guidelines state that invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to a facet neurotomy at the diagnosed levels. The guidelines note clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note one set of diagnostic medial branch blocks is required with the response of greater than 70%. The pain response should be approximately two (2) hours for lidocaine. The guidelines note that medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than two (2) levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four to six (4 to 6) weeks. No more than two (2) joint levels are injected in one (1) session. Diagnostic facet blocks should not be performed in patients in whom surgical procedures are anticipated. There is a lack of clinical documentation indicating that the injured worker had failed conservative therapy including home exercise, physical therapy, and NSAIDs for at least four to six (4 to 6) weeks. There is a lack of significant objective findings of axial pain, tenderness on palpation in the paravertebral areas, decreased range of motion, neck pain, decreased range of motion with extension and rotation, the absence of radicular findings or neurological findings. There is a lack of significant neurological deficits such as decreased sensation or strength in a specific dermatomal distribution. Additionally, the request submitted exceeds the guideline recommendations of no more than two (2) joint levels to be performed at one time. Therefore, the request is not medically necessary.