

Case Number:	CM13-0028344		
Date Assigned:	11/27/2013	Date of Injury:	09/29/2011
Decision Date:	05/16/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 53 year old male who was injured on 9/29/2011. The diagnoses are brachial neuritis, cervical radiculopathy, depression, left shoulder pain and thoracic strain. An MRI of the cervical spine dated 8/7/2012 showed degenerative disc disease, facet arthropathy and neural foramina narrowing. There is significant left shoulder degenerative joint disease and tendons tears. [REDACTED] - Orthopedic believed the complaints of neck pain originated from the left shoulder. There was a significant reduction in neck pain following a shoulder surgery in 2012. An EMG on 11/15/2013 showed C6-C7 radiculopathy and carpal tunnel syndrome. The neck pain is associated with radicular symptoms of radiation to the upper extremities as well as tingling and numbness. There are objective findings of muscle spasm, cervical facet area tenderness and decreased range of motion due to pain. The medications are Hydrocodone 10/325mg, Mobic 7.5mg and Neurontin 300mg for pain. Physical therapy was completed in 2012. A utilization review was rendered on 9/12/2013 recommending non certification of bilateral C5-C7 facet median branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLATERAL C5-7 MEDIAL BRANCH BLOCKS: 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) Low Back, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: The California MTUS did not address the use of diagnostic facet blocks for the treatment of chronic neck pain. The indications for diagnostic cervical facet median branch blocks was addressed in the ODG. Cervical facet injection can be beneficial when conservative management with medications, physical therapy and exercise have failed. Other causes of cervical spine pain including radiculopathy must be excluded. This patient have both subjective and objective findings indicative of cervical radiculopathy. There is significant contribution to the neck pain from the left shoulder according to [REDACTED]. The current medical records did not show that the patient have completed physical therapy or exercise therapy since 2012. The dosage of Neurontin have not been optimized or titrated to FDA recommended dosage for the treatment of radiculopathy. The patient have not met the criteria for diagnostic cervical facet median branch block.