

Case Number:	CM13-0029662		
Date Assigned:	11/01/2013	Date of Injury:	01/03/2011
Decision Date:	03/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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 & Rehabilitation and is licensed to practice in New York 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 50-year-old male who reported an injury on 01/03/2011. The patient is diagnosed with cervicalgia, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The patient was seen by [REDACTED] on 09/11/2013. The patient reported 7/10 constant neck pain with radiation to the right upper extremity. Physical examination revealed positive Spurling's maneuver, facet tenderness, limited range of motion, and decreased strength. Treatment recommendations included right cervical medial branch blocks at C3, C4, and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of right cervical medial branch blocks from C3-C6: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper

back symptoms. The Official Disability Guidelines state facet joint therapeutic steroid injections are not recommended. Facet joint diagnostic blocks are recommended prior to a facet neurotomy. Clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient has previously undergone cervical medial branch blocks, as well as a subsequent radiofrequency ablation. Documentation of 70% initial pain relief, with 50% pain relief for a duration of at least 6 weeks following the initial procedure was not provided. Therapeutic medial branch blocks are not recommended or supported by treatment Guidelines. There is no clear clinical rationale to repeat cervical medial branch blocks at this time. There is also no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Based on the clinical information received, the request for the cervical medial branch blocks is non-certified.