MAXIMUS Federal Services

Case Number:	CM13-0032661		
Date Assigned:	12/11/2013	Date of Injury:	10/13/2011
Decision Date:	01/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 25-year-old female who sustained a work-related injury on 10/13/2010. The most recent evaluation dated 10/24/2013 documented subjective complaints of mild to moderate musculoskeletal pain in the bilateral shoulders and moderate neck pain. Physical examination revealed decreased active range of motion of the left shoulder, tenderness to palpation of the left shoulder, facet, pericervical, periscapular, suboccipital triangle on the left, and trapezius areas. The patient was also noted to have decreased sensation in the left upper extremity and reduced pinprick sensation over the right ulnar/medial hand. The patient was noted to have had a trigger point injection on 10/10/2013 and reported pain relief x 8 days. The treatment plan included awaiting an IMR decision for denied left C2-3 medial branch neurotomy and third occipital nerve blocks

IMR ISSUES, DECISIONS AND RATIONALES

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

request for outpatient left diagnostic C2-3 medial branch block: 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 and Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain. The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG, Neck and Upper Back Chapter, Facet joint

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 Chapter, Facet joint diagnostic blocks.

Decision rationale: MTUS/ACOEM Guidelines state facet joint injections are of questionable merit but do not specifically address medial branch blocks. Official Disability Guidelines state that diagnostic facet joint blocks should be "limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." The clinical information indicated the patient had pain in the shoulder with radiation to the neck and left arm, as well as decreased sensation to the left upper extremity. Given Official Disability Guidelines for signs and symptoms of facet-mediated pain, pathology in the shoulder should be excluded prior to a facet joint block.

third occipital nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Greater occipital nerve block, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines indicate greater occipital nerve blocks are under study and that there is little evidence that the block provides sustained relief. The clinical information indicates the patient has undergone previous occipital nerve blocks; however, the specifics are not detailed. Without documentation of efficacy from previous occipital nerve blocks or rationale for a third injection, the request is not supported.