

Case Number:	CM13-0033820		
Date Assigned:	12/06/2013	Date of Injury:	04/18/2011
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational 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 has a date of injury of 4/18/2011, with a chief complaint of neck, mid and low back, left upper extremity and right lower extremity symptoms, which are 5 out of 10 on a pain scale as of 8/7/2013. He has continued left upper extremity numbness and tingling into his hands and extending to his right lower extremity. There is decreased sensation to the C6 and C7 dermatomes on the left. There is left hand contracture of the left 4th and 5th digits. The patient is taking Naprosyn, Prilosec, Flexeril, and topical ketoprophen. The electromyography (EMG) on 7/2011 showed neuropathy at the wrist, carpal tunnel syndrome (CTS) on the left and right radial neuropathy at the fibular head. There was no evidence of cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical medial branch block bilaterally at C4-C5 and C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181.

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Facet joint injections of corticosteroids is not recommended." The guidelines also indicate, "Invasive techniques (e.g.,

needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies.