

Case Number:	CM13-0034221		
Date Assigned:	12/06/2013	Date of Injury:	09/23/1998
Decision Date:	02/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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.

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 applicant is a represented [REDACTED] employee with chronic neck pain reportedly associated with an industrial injury of September 23, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; trigger point injections; prior multilevel cervical fusion surgery; unspecified amounts of physical therapy; unspecified amounts of massage therapy; attorney representation; and both long- and short-acting opioids. In a utilization review report of September 26, 2013, the claims administrator denied a request for bilateral diagnostic cervical facet medial branch blocks, citing a non-MTUS ODG guideline. It is noted that the claimant underwent a fusion at the C4 through C6 levels. However, no applicant-specific rationale was attached to the denial. The applicant's attorney later appealed. An earlier progress note of July 23, 2013 is notable for comments that the applicant reports persistent 6-10/10 pain. The applicant is on Flomax, testosterone, Tenormin, Prilosec, BuSpar, Lyrica, Medrol, Valium, Dilaudid, and OxyContin. There is some facetogenic cervical tenderness as well as taut muscles. The applicant has no motor or sensory deficits about the upper extremities. Both trigger point injections and diagnostic medial branch blocks are sought. The applicant is given refills of Valium, Dilaudid, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Diagnostic Cervical Facet Medial Branch Block at the C7-T1 and T1-T2 Levels under Fluoroscopic Guidance: Overturned

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.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, there is limited evidence that radiofrequency neurotomy procedure may be effective in relieving cervical facet joint pain amongst patients who have had a positive response to facet joint injections. It is stated that caution is needed owing to the scarcity of high quality studies. While the overall ACOEM recommendation on facet blocks is "not recommended," ACOEM does establish a limited role for diagnostic medial branch blocks. In this case, the applicant has tried and failed numerous other treatments, including analgesic medications, long-acting opioids, trigger point injections, etc. A trial of diagnostic medial branch blocks is indicated and appropriate. It is incidentally noted that the MTUS does address the topic at hand, contrary to what was suggested by the claims administrator and that the claimant is not pursuing medial branch blocks and epidural blocks concurrently, as was suggested by the claims administrator. It is incidentally noted that the attending provider is seeking the injections at levels other than those levels at which the fusion was performed. For all these reasons, then, the original utilization review decision is overturned. The request is certified.