MAXIMUS Federal Services

Case Number:	CM13-0035648		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2011
Decision Date:	02/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 54-year-old male who reported an injury on 09/29/2011. The mechanism of injury was stated to be the patient was lifting a case of beer off a pallet to stack it onto another pallet when the patient was standing on broke and the patient fell forward bracing his right upper extremity against a shelf to keep from falling all the way down. The patient was noted to have a fracture of the right wrist which was treated surgically with removal of a bone fragment. The patient was noted to have undergone physical therapy for his hand and shoulder, but there was noted to be no treatment for the neck and lower back. The patient was noted to complain of constant lower cervical/upper thoracic burning pain rated 7/10 in severity. The patient's diagnosis was noted to include multilevel degenerative disc disease of the cervical spine and multilevel bilateral uncovertebral joint and facet joint hypertrophy resulting in multilevel bilateral neural foraminal narrowing most severe on the right at C6-7. The request was made for a diagnostic and therapeutic medial branch block at C6-7 bilaterally x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block bilaterally C6-C7: 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), Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: ACOEM guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms and that many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Secondary guidelines were sought as the physician opined the patient needed a medical branch block for diagnostic purposes and if successful a radiofrequency ablation. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of â¿¥ 70%. The pain response should be approximately 2 hours for Lidocaine, limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." The patient was noted to have radiating pain from the left shoulder to the neck with numbness and tingling in the left upper extremity. The patient's range of motion in the cervical spine was noted to be restricted secondary to pain. The clinical documentation submitted for review indicated the patient had pain and numbness and tingling in both upper extremities, worse on the right and had neck pain, however, it was not documented as axial neck pain. There was lack of documentation including the patient had objective findings of tenderness to the paravertebral area along with decreased range of motion and the absence of radicular and/or neurologic findings. Additionally, there was lack of documentation indicating the patient had failure of conservative treatment including home exercises, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks as the patient had undergone physical therapy for other areas of the body, not the cervical spine. Given the above, the request for a medial branch block bilaterally at C6-7 is not medically necessary.