

Case Number:	CM13-0036454		
Date Assigned:	12/13/2013	Date of Injury:	01/18/2010
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 has a subspecialty in Interventional Spine 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:

This patient reported with a 1/18/10 industrial injury claim. He has been diagnosed with cervicalgia and spondylosis; cervical radiculopathy; and s/p spinal cord implantation. The IMR application shows a dispute with the 10/2/13 UR decision. The 10/2/13 UR decision is by [REDACTED] and was for non-certification of bilateral medial branch blocks (MBB) C3/4, C4/5 and C5/6 with one follow-up visit. The rationale was that the right-side MBB was already approved and needed to evaluate outcome of that procedure prior to recommending a bilateral procedure. The UR decision was based on the 8/14/13 medical report. The 8/14/13 medical report documents current pain at 6-8/10. The patient underwent the right-side C5, C7 and C7 MBB on 10/29/13 with lidocaine and bupivacaine. The patient was given Nucynta 100mg after the procedure, but the report does not discuss any significant decrease in pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral medial branch blocks C3-4 vs C4-5 versus C5-6 with fluoroscopy and 1 follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Neck Chapter for facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Neck Chapter for facet joint injections.

Decision rationale: MTUS/ACOEM provides guidelines on RFA procedures, stating after a diagnostic facet MBB. ODG guidelines were consulted for the diagnostic blocks for the cervical spine. ODG guidelines state: "One set of diagnostic medial branch blocks is required with a response of \geq 70%. The pain response should be approximately 2 hours for Lidocaine" the patient has the medial branch blocks on 10/29/13, but review of the 10/29/13 report does not show any reduction in pain, and has no indication that there has been 70% reduction for the duration of the anesthetic agent. The request to repeat the MBB, but to both sides is not in accordance with ODG guidelines.