

Case Number:	CM13-0036890		
Date Assigned:	12/13/2013	Date of Injury:	05/06/2010
Decision Date:	02/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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, 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 66-year-old male who reported injury on 5/6/10. The mechanism of injury was not provided. The patient was noted to have neck pain that had worsened and complaints of numbness. The patient was noted to have decreased cervical rotation and to have positive tenderness to palpation over the cervical spine. The patient's motor strength was noted to be decreased on the right upper extremity, and the sensory was noted to be decreased on the right upper extremity. The patient's diagnoses were noted to include post cervical laminectomy and fusion with radiculopathy and cervical facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral medial branch block C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The ACOEM Guidelines do not recommend diagnostic facet blocks for acute, subacute, and chronic regional neck pain as diagnostic blocks were noted to have no proven benefit in treating acute neck and upper back symptoms. However, it was further

indicated that many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, secondary guidelines were sought. Official Disability Guidelines recommend the criteria for the use of diagnostic blocks for facet nerve pain, which includes the patient should have the clinical presentation that is consistent with facet joint pain, signs, and symptoms, which include axial neck pain either with or without radiation past the shoulders, tenderness to palpation in the paravertebral areas, decreased range of motion, and the absence of radicular and/or neurologic findings. Additionally, it further states, if radiation to the shoulders is noted, pathology in this region should be excluded. There should be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4-6 weeks. The clinical documentation submitted for review indicated the patient had decreased motor sensation on the right and decreased sensory for the upper extremity examination. The patient was noted to have tenderness to palpation. The patient complained of numbness at the right index finger that was constant. The clinical documentation submitted for review failed to indicate the patient had recent conservative therapy. Given the above, the request for diagnostic bilateral medial branch block C7-T1 is not medically necessary.