

Case Number:	CM13-0039732		
Date Assigned:	12/20/2013	Date of Injury:	11/07/2011
Decision Date:	02/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/08/2013

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 pain management 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 is a male patient with the date of injury of November 7, 2011. A utilization review determination data October 8, 2013 recommends noncertification of medial branch blocks at C4 and C5. The utilization review report states, "given the claimant's history of cervical fusion with ongoing neurological/radicular symptoms and physical examination findings, the presentation is not consistent with facet mediated pain." A peer review report dated December 6, 2013 states that medial branch block at C4 and C5 is medically necessary. An operative report dated November 25, 2013 identifies that a cervical facet nerve block at C4 and C5 on the right side it was performed. A progress report dated November 13, 2013 identifies of the patient continues to have neck pain, which is unchanged since the previous visit. The note indicates that the patient has pain in his right arm as well. Activity level has decreased and quality of sleep is poor. The patient states that the medications are working well, but indicates that his right triceps has begun hurting again after physical therapy. Current medications include Flexeril, Norco, Ambien, and welbutrin. The note indicates that a cervical epidural steroid injection at T1-T2 was performed on September 16, 2013 but was unable to be completed. The note indicates that the patient had a cervical fusion at C56 and C67 on December 30, 2011. Objective examination findings identified decreased range of motion with flexion and extension, lateral rotation, and lateral bending. The note indicates that there is tenderness to palpation directly over the facet joints at C4/C5 on the right side greater than left. The note also indicates that Spurlings maneuver causes pain in the muscles in the neck radiating to the upper extremity and facet loading causes pain bilaterally. Physical examination identifies reduced motor strength in the right upper extremity. Sensory examination reveals decreased sensation in the right upper extremity. Reflexes are reduced on the right upper extremity. Diagnoses include cervical postlaminectomy syndrome, cervical radiculopathy, and cervical facet syndrome. Treatment plan states that [REDACTED] is recommending

surgery and the patient is interested in pursuing this option. The treatment plan also recommends medial branch block at C4 and C5 on November 25, 2013. Additionally, 12 more sessions of physical therapy are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB @ C4-C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174.. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has identified that the patient has significant radicular symptoms including muscle weakness, sensory loss, positive Spurlings Maneuver, and decreased reflexes. Additionally, the patient has recently undergone an epidural steroid injection, which would imply that the patient has active radiculopathy. Furthermore, the requesting physician feels that additional conservative management may be helpful for this patient, as evidenced by the request for additional physical therapy. In light of the above issues, the currently requested medial branch block at C4 - C5 is not medically necessary.