

Case Number:	CM13-0039978		
Date Assigned:	12/20/2013	Date of Injury:	07/12/2011
Decision Date:	02/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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 a date of injury of July 12, 2011. A utilization review determination dated September 11, 2013 recommends noncertification for right C4, C5, C6 medial branch blocks. A note dated October 7, 2013 identifies that the medial branch blocks are intended to treat the right C4/5 and C5/6 facet joints, and that the patient has undergone fusion at the C6-T1 levels. A progress report dated August 28, 2013 indicates that the pain continues in the patient's neck on the right side greater than left. The pain has limited the patient's range of motion, and prevented him from sleeping. The note indicates that the pain does not radiate into the arm and does not cause a headache. He denies motor weakness into the upper extremities. The patient has tried physical therapy and NSAIDs without relief. Physical examination identifies tenderness to palpation over the middle cervical right side with positive facet loading on the right side and restricted and painful spinal extension. There is tenderness noted over the right side C4, 5, and 6 facets. Spurlings Sign is negative. Neurologic examination reveals decreased pin sensation in the left C7 distribution. The note indicates that the patient has pain at the C4 5 and C5 6 levels on the right which correspond with the 2 levels above his previous cervical fusion. The note indicates that if the medial branch block is positive, then radiofrequency ablation would be recommended. A home exercise program has also been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4, C5, C6 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Page 174. Official Disability Guidelines (ODG) ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms

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 is asking for a three-level medial branch block, corresponding with 2 facet joints, as recommended by guidelines. Additionally, the only radicular findings on the patient's physical exam correspond with a nerve root level which was previously addressed surgically. Therefore, this is likely an old finding from a previous nerve root impingement. Additionally, the requesting physician has identified that conservative treatment has been attempted and ineffective. The medial branch blocks are being requested with the goal of performing a radiofrequency ablation if they are successful. Additionally, the patient has undergone spinal fusion, but it is below the currently requested medial branch levels. The fusion was performed at the C6-T1 levels, and the currently requested medial branch blocks correspond with C4/5 and C5/6 facet joints. Therefore, the currently requested C4, C5, C6 medial branch blocks on the right are medically necessary.