

Case Number:	CM13-0044144		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2011
Decision Date:	04/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 an employee of [REDACTED] Corporation and has submitted a claim for neck pain with an industrial injury date of February 14, 2011. The treatment to date has included medications and physical therapy. The utilization review from October 11, 2013 denied the request for medial branch block for the left C4, C5, C6, and C7 because the documentation suggested that the patient was being treated for radiculopathy which was an exclusionary criteria and also because the request exceeded the recommended two-joint maximum. The medical records from 2013 were reviewed, the latest of which was a report dated October 2, 2013, which showed that the patient complained of a 30% increase in neck pain, left interscapular pain, and interscapular numbness. He also had pain along the right acromion. He denied radiating arm pain, weakness, or loss of bowel or bladder control. Pain score varied from 2-7/10. On physical examination, cervical flexion was at 50 degrees and extension rotation at the left was pain-free. Cervical rotation bilateral was at 50 degrees. Extension rotation at the right caused neck pain. Extension 30 degrees caused pain from the C6-T1 level. There was tenderness along the right distal acromion. Impingement and cross-arm maneuver increased the pain. Upper extremity reflexes and motor strength were normal. There were trigger points noted along the bilateral trapezius and intrascapular border.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK FOR THE LEFT C4, C5, C6, AND C7: Upheld

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 Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The California MTUS does not address this issue but according to the Official Disability Guidelines, medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, the request exceeds the 2-joint level maximum that is recommended. Furthermore, there is no documentation indicating failure of conservative treatment for at least 4-6 weeks. The latest progress note dated October 2, 2013 does not assess the current functional status of the patient. Therefore, the request for medial branch block for the left C4, C5, C6, and C7 is not medically necessary.