

Case Number:	CM13-0049351		
Date Assigned:	12/27/2013	Date of Injury:	10/06/2011
Decision Date:	03/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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:

This case involves a male, who sustained an injury on 10/6/11 while employed by [REDACTED]. The request under consideration includes Outpatient Cervical Bilateral Medical Branch Blocks to C5, C6 and C7. The report of 10/9/13 from [REDACTED] noted that the patient had an electromyography (EMG), which was negative for cervical radiculopathy. The patient has had 30 sessions of physical therapy. An exam showed pain and tenderness over the facet joints; range in flexion/ extension/ rotation are 60/ 50/ 60 degrees; motor strength 5/5 and Spurling's is negative. Diagnoses include Neck sprain; Shoulder/ arm sprain; and Brachial plexus lesions. The treatment request for cervical medial branch block (MBB) was non-certified on 10/24/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical bilateral medial branch blocks to C5, C6 and C7: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome. There is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement, and limited for long-term improvement. The guidelines indicate that conclusions drawn show that intra-articular steroid injections of the facets have very little efficacy in patients and need additional studies. Additionally, it is recommended that no more than two (2) joint levels are injected in one session. Although it is reported the electromyography (EMG) is negative for radiculopathy and clinical findings do not indicate any neurological deficits, there is no MRI report provided for review to indicate significant facet arthropathy. Submitted reports have no indication for failed conservative trial for the diagnosis of cervical sprain. Guideline criteria have not been met.