

Case Number:	CM13-0051281		
Date Assigned:	04/09/2014	Date of Injury:	02/02/2009
Decision Date:	05/23/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with cumulative trauma at work first claimed on February 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; prior multilevel cervical fusion surgery; electrodiagnostic testing of April 15, 2013, notable for mild median nerve entrapment bilaterally and mild ulnar sensory neuropathy; and earlier right shoulder decompression surgery. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for multilevel cervical facet blocks at the medial branches. The utilization reviewer stated that the Third Edition ACOEM Guidelines were cited, although it did not include a copy of the guidelines which form the underpinning for the decision. The applicant's attorney subsequently appealed. In a progress note of March 17, 2014, the applicant was described as having persistent neck pain status post anterior cervical disectomy and fusion on February 6, 2014. Derivative psychological stress was also present. Tylenol No. 4 and topical compounds were endorsed. An earlier note of April 17, 2013 was notable for comments that the applicant should remain off of work, on total temporary disability. On July 30, 2013, the applicant was described as having persistent neck pain. The applicant was not working and was reportedly on disability. The applicant reported some numbness about the right hand. The applicant was, at that point, on Medrox, Celexa, Lunesta, tramadol, Neurontin, and flurbiprofen. Diminished sensorium was noted about the right upper extremity with positive Spurling maneuver. Recommendations were made for the applicant to undergo a diagnostic cervical epidural injection and multilevel cervical facet block/medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET JOINT BLOCK AT THE MEDICAL BRANCH C2-C3, C3-C4, C5-C6, C6-C7, C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), Cervical & Thoracic Spine Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181.

Decision rationale: As noted in the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, facet joint injections and other invasive procedures have been deemed of "no proven benefit." The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines further notes that both therapeutic facet injections and diagnostic medial branch blocks are "not recommended." In this case, it is noted that there is a clear lack of diagnostic clarity. The attending provider sought authorization for medial branch blocks and epidural steroid injections on the same date, implying a clear lack of diagnostic clarity. The bulk of the applicant's complaints appear to be radicular as opposed to facetogenic in nature, based on the presentation above. Thus, multilevel medial branch blocks were not indicated both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM Guidelines recommendation. The request for cervical facet joint block at the medical branch C2-C3, C3-C4, C5-C6, C6-C7, C7-T1 is not medically necessary or appropriate.