

Case Number:	CM13-0052065		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2011
Decision Date:	12/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of October 10, 2011. A utilization review determination dated November 5, 2013 recommends noncertification of bilateral medial branch blocks with IV sedation and fluoroscopy. Noncertification was recommended since there is no documentation regarding the outcome of a previous medial branch block. A permanent and stationary report dated 9/30/2013 identifies subjective complaints of neck discomfort. The patient states that "the injections have worn off." The patient has tolerable pain in the knees. The note goes on to indicate that the patient underwent bilateral C3-C4 medial branch blocks on February 14, 2013 with "excellent results." Physical examination findings reveal no tenderness to palpation in the cervical spine with no spasm and normal cervical range of motion. Diagnoses include cervical degenerative disc disease, cervical radiculopathy, cervical stenosis, right knee DJD status post total knee arthroplasty, left knee DJD status post total knee arthroplasty, bilateral carpal tunnel syndrome status post release, and morbid obesity. The treatment plan recommends Celebrex, Neurontin, and future medical recommending oral NSAIDs and physical therapy up to 12 sessions. A progress report dated August 19, 2013 states that the patient has had increased symptoms over the past one to 2 months, and is now unable to do projects such as home improvement. Physical examination reveals tenderness to palpation over the cervical facets with pain upon lateral flexion. Spurling's test causes no pain radiating into the upper extremities. The treatment plan recommends repeat blocks at the C3 and C4 levels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Blocks C3 & C4 with Intravenous Sedation and Fluoroscopy Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints 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: 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, it appears the patient has undergone cervical medial branch blocks previously. Guidelines do not support more than one set of medial branch blocks being performed, prior to proceeding to radiofrequency ablation. Additionally, it is unclear exactly what degree of pain relief the patient received from the previous injections, how they were performed (medication used and sedation use), and exactly how long they lasted. In the absence of clarity regarding those issues, the currently requested cervical medial branch block is not medically necessary.