

Case Number:	CM13-0055046		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2007
Decision Date:	05/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Interventional Spine 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 a 60 year-old male with a date of injury of 05/14/2007. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Sacroiliac pain. 3. Lumbosacral degenerative disk disease. 4. Back pain, chronic. 5. Cervical lesion. Progress report dated 10/18/2013 notes patient has a diagnosis of cervicgia and lumbago and requests a cervical medial branch block. There is no examination of the cervical or lumbar spine. Pre-procedure physician's order report dated 10/09/2013 by [REDACTED] states request is for bilateral cervical medial branch block at level 4, 5, 6, and 7. According to report dated 06/07/2013, the patient presents with upper and lower back pain. The patient needs a refill for his medication of Percocet for extreme pain and wants to double the strength of his sleep medication. The patient states he feels "miserable today." The patient is trying to stay active when he can, but today, pain is radiating from neck to upper extremity and from low back to lower extremities. Pain level is 9/10. Again, there is no examination of the cervical or lumbar spine. Operative report by [REDACTED] dated 03/21/2013 states patient has cervical radiculitis, degenerative disk disease, and cervicgia. Patient was administered an epidural steroid injection at level C7-T1 on this day.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) CERVICAL MEDIAL BRANCH BLOCK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FACET JOINT DIAGNOSTIC BLOCKS

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting a bilateral cervical medial branch block at level 4, 5, 6 and 7. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In this case, the patient has a diagnosis of cervical radiculitis by [REDACTED] and had a cervical epidural injection on 03/21/2013. ODG recommends facet injections for non-radicular symptoms. In addition, the treater is requesting injections at 4 levels that innervate three facet joints and ODG recommends no more than 2 levels are to be injected at a time. Recommendation is for denial.