

Case Number:	CM13-0055053		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2011
Decision Date:	12/03/2014	UR Denial Date:	11/06/2013
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 Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/28/11 when, while working as a police officer, he fell on his right shoulder. He was seen by the requesting provider on 07/31/13. He was having neck pain radiating into the arms. Pain was rated at 8/10. Prior treatments had included physical therapy, TENS, traction, and biofeedback. Medications were Norco and tramadol. Physical examination findings included cervical spine muscle spasm with facet and cervical tenderness. Facet loading was positive bilaterally. There was a normal neurological examination. Spurling's testing is reported as "guarded". Authorization for an epidural injection was recommended. He was to continue a home exercise program and pain medications. An MRI of the cervical spine on 10/22/13 was compared with a prior scan in February 2012. There was multilevel disc degeneration without neural compromise. On 10/29/13 he was continuing to receive shoulder injections from his orthopedic surgeon. He had headaches which had improved and appear to have been related to a spinal injection. He was having ongoing neck pain rated at 7/10. Pain medications were decreasing pain by 50%. Physical examination findings appear unchanged. Authorization for right cervical medial branch blocks was requested. There was consideration of a spinal cord stimulator. He was to continue treatment with his orthopedic surgeon and medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-6 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck pain with two MRI scans showing multilevel disc degeneration without neural compromise. When seen by the requesting provider physical examination findings included facet tenderness with positive facet loading and a normal neurological examination. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the four medial branch blocks at C3, C4, C5, and C6 being requested would correspond to three facet joint levels (i.e. C3/4, C4/5, and C5/6) and therefore the above criteria are not met. Therefore the request is not medically necessary.