

Case Number:	CM13-0056028		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2003
Decision Date:	03/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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:

The patient is a 58-year-old male who reported an injury on 12/12/2003 due to cumulative trauma which ultimately resulted in cervical fusion at the C5 through the C7 and lumbar fusion at the L5-S1. The patient's treatment history also included a spinal cord stimulator implantation. The patient's most recent clinical documentation noted that the patient had persistent neck and low back pain. The physical findings included tenderness to palpation over the cervical paravertebral musculature, positive head compression, and positive Spurling's sign with facet tenderness to palpation over the C4 through C7 with restricted range of motion secondary to pain. The patient's evaluation of the lumbar spine revealed restricted range of motion secondary to pain, tenderness to palpation over the facet joints from the L3 through the L5 levels with a positive straight leg raising test bilaterally and a positive Kemp's test bilaterally. The patient's diagnoses included cervical disc disease, cervical facet syndrome, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. The patient's treatment plan included diagnostic medial branch blocks in preparation for a facet rhizotomy.

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IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C7 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks Section and Facet Joint Therapeutic Steroid Injection Section

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 Chapter, Facet Injections, Diagnostic.

Decision rationale: The requested bilateral C5 through C7 medial branch blocks are not medically necessary or appropriate. Official Disability Guidelines do not recommend medial branch blocks at fused levels. The clinical documentation does support that the patient has a cervical fusion from the C5 to the C7. Therefore, a bilateral medial branch block would not be medically appropriate. As such, the requested bilateral C5-C7 medial branch block is not medically necessary or appropriate.

L3-L5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks Section and Facet Joint Therapeutic Steroid Injection Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections, Diagnostic

Decision rationale: The requested bilateral L3-4 medial branch blocks are not medically necessary or appropriate. Official Disability Guidelines do not recommend medial branch blocks at fused levels. The clinical documentation submitted for review does indicate that the patient has a fusion at the L5-S1 level. As this level is included in the request, a medial branch block is not medically appropriate for this patient. As such, the requested bilateral L3-4 medial branch blocks are not medically necessary or appropriate.