

Case Number:	CM13-0056887		
Date Assigned:	05/21/2014	Date of Injury:	06/18/2012
Decision Date:	07/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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:

This patient is a 33-year-old male with date of injury of 08/18/2012. The patient presents with left-sided neck pain, doing home exercises, and there has been no response regarding the appeal for the cervical medial branch blocks. The pain is rated at 4/10. The medications are ibuprofen and Flexeril. An examination showed palpable tenderness at the junction of the left cervical and thoracic region, limited cervical range of motion, diagnostic impressions of the left neck and more recent shoulder pain, cervicothoracic myofascial pain, rule out cervical facet joint pain, as well as supraspinatus tendinopathy. The request was for repeat trigger point injection at the base of the left neck, left distal supraspinatus. A recheck on the response to appeal for cervical medial branch blocks. A 07/02/2013 report states that "work has been good." Recommendation was for upper body exercises, appeal denial of the cervical medial branch blocks. A report from 05/07/2013 recommends left C5-C6, C6-C7 dorsal median branch blocks to rule out zygapophyseal joint dysfunction. The request for dorsal medial branch blocks was denied by a Utilization Review letter dated 09/16/2013, stating that the cervical facet joint levels were not specified and that ACOEM does not recommend cervical facet injections of corticosteroids and diagnostic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL MEDIAL BRANCH BLOCK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Neck and Upper Back.

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

Decision rationale: This patient presents with chronic left-sided neck pain. The patient is currently working. The request is for left-sided cervical medial branch blocks per the 05/07/2013 report. The treating physician clearly identifies left C5-C6, C6-C7 dorsal median branch blocks. The treating physician's report recommends dorsal medial branch blocks on the left side at C5-C6 and C6-C7 levels. An examination showed palpatory tenderness on the left side of the C-spine and the reports indicate failure of conservative care with persistent significant pain on the left side. The Official Disability Guidelines allow the evaluation of facet joints for the paravertebral facet joint pains that are non-radicular. For diagnostic injection, no more than two (2) levels are commended, and in this case, the treating physician has asked for left C5-C6 and C6-C7 dorsal median branches, which covered the left C5-C6 and C6-C7 facet joints at two (2) levels. The requested dorsal median branch diagnostic blocks are consistent with the guidelines. Facet joint syndromes do not require specific findings of diagnostic studies. Facet joint syndromes are based on clinical presentation and failure of conservative care. The request is medically necessary.