

Case Number:	CM13-0060825		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2000
Decision Date:	05/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain with derivative fibromyalgia and depression reportedly associated with an industrial injury on October 3, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and psychotropic medications. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for multilevel medial branch blocks, stating that the applicant had a fusion surgery at some of the levels at which the block was proposed. Non-MTUS ODG Guidelines was cited. The applicant's attorney subsequently appealed. A progress note of November 6, 2013, is notable for comments that the applicant reports headaches, neck pain, and depression, along with low back pain. The applicant's depression is still symptomatic despite use of Cymbalta. The applicant's work status is not clearly stated. In some section of the report, it is stated that the applicant is working, while other section of the report states that she is retired and other section of the report states that she is "on disability." The applicant's medication list includes Zyrtec, Cymbalta, Flonase, Lunesta, Norvasc, tapentadol, Protonix, Zanaflex, and Xanax. The applicant has a body mass index (BMI) of 27. Multiple medications are refilled. Viibryd is endorsed for depression. Urine drug testing and medial branch blocks are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL BRANCH BLOCK AT C-2, 3, 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/2013) AND NECK AND UPPER BACK PROCEDURE SUMMARY (LAST UPDATED 05/14/2013)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 and 174. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 8, TABLE 8-8, PAGE 181 AND PAGE 174

Decision rationale: The MTUS/ACOEM Guidelines indicate that diagnostic medial branch blocks are "not recommended." While the Guidelines do recognize some limited role for diagnostic medial branch blocks and radiofrequency neurotomy procedures, the overall ACOEM recommendation on the procedure in question is "not recommended". It is further noted that, in this case, there is considerable lack of diagnostic clarity. The applicant has been given various diagnoses, including pain associated with indwelling hardware, radicular pain, myofascial pain, spondylolytic pain, pain secondary to depression, cervicogenic pain, and fibromyalgia. Accordingly, the request for medial branch blocks is not certified both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendations.