

Case Number:	CM13-0063297		
Date Assigned:	12/30/2013	Date of Injury:	04/28/2011
Decision Date:	04/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 04/28/2011 due to cumulative trauma while performing normal job duties and ultimately resulted in a C5- C7 anterior cervical discectomy and fusion. The patient's most recent clinical documentation noted that the patient participated in ongoing physical therapy that failed to control the patient's symptoms. The patient reported 6/10 to 7/10 cervical spine pain radiating into the bilateral upper extremities. Physical findings included tenderness to palpation of the mid cervical facet regions with a positive facet loading test of the cervical spine and decreased sensation in the C4 and C5 dermatomes with mild decreased strength of the left upper extremity. The patient's diagnoses included chronic neck pain, status post cervical fusion, cervicogenic headaches, medication induced gastritis, and dysphagia. The patient's treatment plan included a medial branch block on the right side at the C3-4 and C4-5 to assess the patient's appropriateness for a cervical spine rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK, RIGHT C3-4 AND C4-5: 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), Treatment Index, 9th Edition (web) 2011.

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 medial branch block on the right C3-4 and C4-5 are not medically necessary or appropriate. Official Disability Guidelines recommend medial branch blocks for patients with facet mediated pain in the absence of radicular symptoms. The clinical documentation submitted for review does indicate that the patient has decreased sensation in the C4-5 dermatomes with mildly decreased strength in the left upper extremity. Although the patient does have evidence of facet mediated pain, due to the patient's radiculopathy, medial branch blocks would not be supported. As such, the requested medial branch block for the right C3-4 and C4-5 is not medically necessary or appropriate.