

Case Number:	CM13-0065437		
Date Assigned:	01/15/2014	Date of Injury:	08/06/2010
Decision Date:	06/30/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 64-year-old female who reported an injury on 08/06/2010 and the mechanism of injury was not provided. The clinical note dated 11/19/2013 noted the injured worker presented with persistent neck pain that radiated into her upper extremities, more so on the right than the left. Previous treatment and therapy included Voltaren gel, Motrin, and chiropractic treatment. The diagnoses included right wrist and elbow tendonitis, negative electrodiagnostic studies of right upper extremity from 05/2012, and chronic pain. MRI of her cervical spine from 10/30/2013 showed degenerative disc changes at C5, C6, and C7, bilateral foraminal stenosis at C5-6 and mildly at C6-7, and disc osteophyte noted posteriorly at C5-6. The current treatment plan included Motrin 800 mg and one right C5, C6, C7 dorsal medial branch block. The provider's rationale for the request was to determine if the injured worker's pain was coming from her facet joints. If the branch block was beneficial, they would then proceed with radiofrequency ablation. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5, C6, C7 DORSAL MEDIAL BRANCH BLOCK ON RIGHT QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for C5, C6, C7 dorsal medial branch block on the right with quantity of 1 is non-certified. The California MTUS/ACOEM states that invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. There is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among injured workers who have had a positive response to facet injections. The Official Disability Guidelines further state, that clinical presentation should be consistent with facet pain, signs, and symptoms. The guidelines note facet injections are limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The guidelines state there should be documented evidence of failure of conservative treatment to include home exercise, PT, and NSAIDs, and no more than 2 joint levels should be injected in 1 session. The included medical documents do not indicate the injured worker failed conservative treatment. There is a lack of objective findings to indicate facet pain. As such, the request is non-certified.