

Case Number:	CM13-0066604		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2011
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 60-year-old male who reported an injury on 04/09/2011. The mechanism of injury was a motor vehicle accident. A review of the medical record reveals that the patient's diagnosis is cervical spondylosis without myelopathy ICD-9 Code 721.0. The most recent clinical note dated 11/27/2013 revealed that the patient has a history of chronic pain in the neck, shoulder, and low back from an industrial injury. He reported worsening neck pain with radiation into the shoulders. He states that the pain is a constant sensation, which is described as aching and sharp. The patient states that his back is stiff and tender in the morning and in long car rides. He rates his pain 9/10 on the visual analog scale (VAS) at the highest level of pain, and at its least it is rated 7/10 (7 out of 10). The patient states that his medications only take the edge off. The physical examination revealed a stable gait and station, and a supple and tender cervical spine with pain on palpation on the left greater than the right cervical facets. The cervical spine was stable. There were palpable trigger points in the muscles of the head and neck. The strength was normal and tone was normal. The sensation was normal at the head, neck, trunk, and extremities. The MRI of the cervical spine dated 10/25/2013, revealed reversal of normal lordosis of the cervical spine with traction retrolisthesis at C3 on C4. There was moderate discogenic disease at C3-4 with moderate acquired central canal stenosis, focal mild acquired central canal stenosis at C4-5 in the left paracentral region, borderline central stenosis at C6-7, and multilevel significant foraminal stenosis as described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-C6 medial branch block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 05/14/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Facet joint diagnostic blocks

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet injections of corticosteroids and diagnostic blocks are not recommended. The Official Disability Guidelines indicate that the criteria for the use of a medial branch block include no more than the request for two (2) joint levels injected in one (1) session. The requested service exceeds the recommended number of joint levels per the Official Disability Guidelines. The guidelines do not recommend these injections as a first-line option for management of cervical spine complaints, and an alternative treatment approach should be taken or considered. The requested service includes more than the recommended number of facet levels and the most recent radiographic study does not reveal facet pathology, the medical necessity for the requested service cannot be determined at this time. Therefore, the request for a left C3 through C6 medial branch block injection is non-certified.