

Case Number:	CM13-0069263		
Date Assigned:	01/03/2014	Date of Injury:	02/18/2013
Decision Date:	05/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 51-year-old male who reported an injury on 02/18/2013, secondary to a fall. Current diagnoses include cervical facet syndrome, cervical pain, and low back pain. The injured worker was evaluated on 11/14/2014. The injured worker reported persistent neck and lower back pain with radiation to the left lower extremity. A cervical spine MRI completed on 05/31/2013 indicated mild annular bulge at C4-5 and C5-6 with facet hypertrophy at C5-6. Physical examination on that date revealed restricted cervical range of motion, tenderness to palpation, and positive facet loading maneuver. It is also noted, the injured worker is status post medial branch block on 10/23/2013 with 50-60% improvement in pain. Treatment recommendations at that time included a medial branch block at C3, C4, and C5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK C3, C4, C5 LEFT: 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 Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Block Section.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guideline (ODG) states clinical presentation should be consistent with facet joint pain, signs and symptoms. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. As per the documentation submitted, the injured worker is status post medial branch block on 10/23/2013. Although the patient reported 50-60% improvement, there is no objective evidence of a decrease in pain level or increase in function. There is also no mention of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs. Based on the clinical information received, the request is not medically necessary or appropriate.