MAXIMUS Federal Services

Case Number:	CM14-0006321		
Date Assigned:	03/03/2014	Date of Injury:	04/11/2012
Decision Date:	08/21/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 patient is a 66-year-old female who has submitted a claim for post-concussion syndrome, cervical strain, vertigo, and C4-7 spondylosis associated with an industrial injury date of April 11, 2012.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent neck pain described as an aching and pins and needles type of pain. Physical examination revealed tenderness over the left posterior scalp. Jamar Dynamometer results were 20, 18, and 20 kilograms force on the left and 14, 12, 14 kilograms force at the right. Cervical spine range of motion as follows: flexion to 50 degrees, extension to 55 degrees, left lateral bending to 43 degrees, right lateral bending to 35 degrees, left rotation to 75 degrees and right rotation to 78 degrees. Hoffman's, Spurling's and Tinel's tests were negative. Reflexes were 2+ symmetrically. Left-sided axial neck pain was reproduced with cervical extension. Motor strength was 5/5 for bilateral upper extremities. Sensation to light touch was intact in bilateral upper extremities. MRI of the cervical spine, dated 12/02/2013, documented multilevel degenerative disc disease from C4 to C7, mild foraminal stenosis at several levels, and no central stenosis or cord compression.Treatment to date has included physical therapy, chiropractic treatment, acupuncture, a home exercise program, and medications, which include Ibuprofen 200mg and Prednisone 5mg. Utilization review from January 2, 2014 denied the requests for Left C4 Medial Branch Block #1 and Left C5, C6, and C7 Medial Branch Blocks #3 because medical guidelines require that there be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to this procedure for at least 4-6 weeks but there was no documentation that the patient had conservative treatment other than acupuncture. Recommendation per guidelines is to inject no more than 2 levels at one setting however the request is for medial branch blocks at C4, C5, C6 and C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C4 MEDIAL BRANCH BLOCK: 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 Official Disability Guidelines (ODG), Neck.

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 Joint Diagnostic Blocks.

Decision rationale: CA MTUS does not specifically address cervical medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, the request for facet blocks at C4-7 was made because per patient history, she complained of persistent and ongoing axial neck pain, facetogenic in nature, and with facet arthropathy on MRI scan. Physical examination also revealed neck pain reproduced with cervical extension, which is consistent with facet mediated pain. An appeal dated 1/27/14 mentioned failure of conservative treatment which includes 18 sessions of physical therapy, acupuncture, a home exercise program, and NSAIDs. Although the necessity for medial branch blocks was established, more than two levels for branch blocks (C4, C5, C6, and C7) are simultaneously being requested, which is in excess of what is supported by guidelines. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for LEFT C4 MEDIAL BRANCH BLOCK is not medically necessary.

LEFT C5, C6, C7 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

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 Joint Diagnostic Blocks.

Decision rationale: CA MTUS does not specifically address cervical medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was

used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, the request for facet blocks at C4-7 was made because per patient history, she complained of persistent and ongoing axial neck pain, facetogenic in nature, and with facet arthropathy on MRI scan. Physical examination also revealed neck pain reproduced with cervical extension, which is consistent with facet mediated pain. An appeal dated 1/27/14 mentioned failure of conservative treatment which includes 18 sessions of physical therapy, acupuncture, a home exercise program, and NSAIDs. Although the necessity for medial branch blocks was established, more than two levels for branch blocks (C4, C5, C6, and C7) are simultaneously being requested, which is in excess of what is supported by guidelines. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for LEFT C5, C6, C7 MEDIAL BRANCH BLOCKS is not medically necessary.