

Case Number:	CM14-0006580		
Date Assigned:	02/07/2014	Date of Injury:	07/10/2012
Decision Date:	08/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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:

This is a 44-year-old female patient with a 7/10/12 date of injury. A 1/2/14 progress report indicates persistent shoulder pain, neck pain, and arm pain. The patient describes radicular pain in the right and left arm, weakness in the right and left arm and stiffness and pain with movement. There are frequent headaches, and low back pain with bilateral lower extremity pain and numbness. The patient describes weakness and numbness throughout the upper extremity, with problems dropping items when using her right hand. Physical exam demonstrates unremarkable findings. Discussion identifies that the patient may have cervical facet capsular tears that may respond to medial branch blocks. The requesting provider indicates that that would not explain her radicular complaints. Treatment to date has included physical therapy, chiropractic care, medication, activity modification. There is documentation of a previous 1/7/14 adverse determination; previous review was not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRDB INJECTIONS OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

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 and Upper Back Chapter, Dorsal Root Ganglion.

Decision rationale: The ACOEM Guidelines states that injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The ODG states that limited evidence exists for efficacy of radiofrequency (RF) neurotomy in chronic cervical zygapophyseal joint pain after flexion-extension injury. There is limited evidence that RF heating of the dorsal root ganglion is more effective than placebo in chronic cervicobrachialgia. However, the patient presents with radicular complaints. There is no evidence that the patient has exhausted lower levels of care. Of note, the most recent physical exam is negative for any cervical spine findings. Therefore, the request is not medically necessary.