

Case Number:	CM14-0006592		
Date Assigned:	03/03/2014	Date of Injury:	07/20/2012
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 69-year-old male who has filed a claim for cervicgia associated with an industrial injury date of July 20, 2012. Review of progress notes indicates left shoulder, neck, mid back, and low back pain. Patient also reports poor sleep quality, depression, nervousness, and decreased desire for social activities. Findings include tenderness and spasms of the cervical, thoracic and lumbar regions with positive facet loading signs. X-ray of the cervical spine dated December 27, 2013 showed mild convex curvature to the left. X-ray of the lumbar spine showed marked L5-S1 disc disease. Treatment to date has included NSAIDs and opioids. Utilization review from January 08, 2014 denied the requests for left cervical medial branch block at C5, C6, C7, and C8 as there is very limited information to suggest that the pain is coming from the cervical facets.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL MEDIAL BRANCH BLOCK AT C5, C6, C7, C8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary.

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: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that at least one facet joint diagnostic block (medial branch block) is recommended prior to facet neurotomy. Criteria includes patients with non-radicular cervical pain, failure of conservative treatment for at least 4-6 weeks, and no more than 2 joint levels injected in one session. Response of pain relief of at least 70% and approximately 2 hours should be documented. Diagnostic facet blocks should not be performed in patients who are anticipating surgery; who have had previous fusion at the indicated level; and who are having epidural steroid injections, stellate ganglion blocks, sympathetic blocks, or trigger point injections on the same day. In this case, the symptoms and examination findings do not clearly support cervical facet pathology. The progress note reports positive facet loading signs, but does not describe the character of the cervical pain or the elicited findings. Also, the requested levels exceed guideline recommendations. Therefore, the request for LEFT CERVICAL MEDIAL BRANCH BLOCK AT C5, C6, C7, C8 is not medically necessary.