

Case Number:	CM14-0009089		
Date Assigned:	07/16/2014	Date of Injury:	01/09/2013
Decision Date:	08/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 63-year-old with an injury date on 1/9/13. Patient complains of increased cervical pain that radiates to anterior aspect of neck as well as both shoulders without any actual pain down arms, but some tingling/weakness in her right arm only per 11/5/13 report. Patient also complains of increased left calf pain which radiates down her left foot per 11/5/13 report. Based on the 11/5/13 progress report provided by [REDACTED] the diagnoses are: 1. Mild degenerative disc disease of the cervical spine at C6-C7 as well as mild disc bulges at C5-C67 and C6-C7 plus a mild anterolisthesis of C3 on C4 associated with spondylosis and slight stenosis plus right upper extremity radiculitis2. A probably left calf plantaris tendon rupture and a possible but less likely gastrocnemius muscle or fascial tear3. Degeneration cervical IV disc4. Brachial neuritis/radiculitis5. displaced cervical intervertebral disc6. OTH joint derangement OT OTH sites7. Cervical spondylosis without myelopathy8. Spinal stenosis in cervical region9. Signs and Symptoms (s/s) of knee/leg Occupational Therapy (OT)Exam on 11/5/13 showed mildly left antalgic. C-spine range of motion was restricted with flexion of 30 degrees, extension of 20 degrees, rotation of 30 degrees, and lateral bending of 15 degrees. Tenderness to palpation over cervical spinous processes mainly at base of neck. Severe tenderness in left paraspinal muscles which would overlie the facet joints. Mild tenderness in right/left trapezius muscles. Severe tenderness over the nerve roots on both sides of neck. [REDACTED] is requesting decision for outpatient injection cervical medial branch block to denervate C3-4 and C4-5. The utilization review determination being challenged is dated 12/24/13 and rejects request as MRI shows degenerative changes in cervical spine, and no indication of an acute injury. [REDACTED] is the requesting provider, and he provided treatment reports from 7/9/13 to 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient injection, cervical medial branch block to denervate C3-4 and C4-5.:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 300-301 and on the Non-MTUS Official Disability Guidelines –Treatment for worker’s compensation(ODG-TWC) Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with neck pain radiating to bilateral shoulders. The physician has asked for decision for outpatient injection cervical medial branch block to denervate C3-4 and C4-5 on 11/5/13. Review of the report shows no history of prior medial branch blocks. Regarding facet diagnostic injections, ODG guidelines require non-radicular pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the examination showed facet joint dysfunction and normal sensory results. The request for a medial branch block at two levels is reasonable and within ODG guidelines. Therefore, Outpatient Injection, Cervical Medial Branch Block to Denervate C3-4 and C4-5 is medically necessary.