

Case Number:	CM14-0105890		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2002
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 52-year-old female with date of injury of 05/21/2002. The listed diagnoses per [REDACTED] dated 06/03/2014 are: 1. Myofascial pain syndrome. 2. Degenerative joint disease of the cervical spine. 3. Iliotibial band syndrome. 4. Greater trochanteric bursitis. 5. Sacroiliac joint dysfunction. According to this report, the patient complains of left buttock, hip, and lateral thigh pain. She also complains of left neck pain that has returned but not as bad as it was. The physical examination shows decreased range of motion in the neck. Tenderness over the SI joint, piriformis, greater trochanter, and iliotibial band have cleared. No clubbing, cyanosis, edema, or deformity was noted with normal full range of motion of all joints. The utilization review denied the request on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Nerve Block 1st and 3rd Level versus Trial for Radiofrequency Ablation of the Cervical Medial Nerve Bilaterally at Cervical 3, Cervical 4, Cervical 5, Cervical 6 Levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with left neck pain. The treater is requesting cervical medial branch nerve block 1st and 3rd levels versus trial for radiofrequency ablation of the cervical medial nerve bilaterally at C3, C4, C5, and C6. The C3, C4, C5, C6 medial branch blocks are C3-C4, C4-C5, C5-C6 facet joints. The ACOEM Guidelines discussed dorsal medial branch blocks and RF ablations on page 70 footnote. For a more thorough discussion of facet joint diagnostic evaluations, the ODG Guideline is used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The procedure report dated 01/23/2014 shows that the patient underwent an epidural steroid injection on the left C6-C7 level. In this case, it can be assumed that since the patient underwent a cervical epidural steroid injection the patient does have radicular symptoms which is contraindicated for medial branch block procedures. Furthermore, the requested 4 level DMB blocks covering 3 facets joint levels exceed the ODG Guidelines recommendation. Recommendation is for denial.

