

Case Number:	CM14-0011885		
Date Assigned:	02/21/2014	Date of Injury:	09/30/2003
Decision Date:	06/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 and Pain Management 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 53-year-old female with date of injury of 09/30/2003. The listed diagnoses per [REDACTED] dated 01/15/2014 are: 1. Restless leg syndrome. 2. Pain in joint involving the shoulder region. 3. Headache or facial pain. 4. Cervical spondylosis. 5. Cervicalgia. According to the report, the patient complains of slightly increased pain on the right side of the neck that shoots into the right arm. She states that it started about less than a month ago and happens every other day. She states that Lyrica seems to help it but it is increasing in frequency. She continues to have cervical pain on a daily basis. She rates her pain at 5/10. The MRI of the cervical spine dated 05/08/2009 showed mild multilevel disk and joint degeneration of the cervical spine and cervical canal stenosis greatest at C5-C6 and C6-C7. The physical exam shows the patient is well-developed, well-nourished. The cervical range of motion elicits pain with actual rotation bilaterally, flexion and slight pain with extension. There is cervical tenderness that is in the mid and low lateral mass as well as in the paraspinal muscles and trapezius muscles bilaterally. The utilization review denied the request on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH BLOCK AT LEFT C2-C3 FACET JOINT AND C5-C6 MEDICAL BRANCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms: Recommended as outlined in specific sections: Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy; & Facet joint therapeutic steroid injections. The cause of this condition is largely unknown although pain is generally thought to be secondary to either trauma or a degenerative process. Traumatic causes include fracture and/or disl

Decision rationale: This patient presents with chronic neck pain. The treater is requesting a cervical medial branch block at the left C2-C3 facet joint and C5-C6 medial branches. The ODG Guidelines states, "Diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of 1 diagnostic block be performed prior to neurotomy, and that this be a medial branch block." The operative report dated 04/25/2013 documents that the patient underwent a left C5 and left C6 medial branch block. In this same report, the patient reports 93% improvement in her neck pain. In this case, the patient has had a previous cervical branch block at C5-C6 and repeat medial branch blocks are not supported by ODG Guidelines. However, the records show that the patient has not had a previous MBB at the left C2-C3. While an MBB is indicated for C2-C3, a repeat MBB (Medial Branch Block) at C5-C6 is not recommended. Therefore, the request of cervical medial branch block at level of left C2-C3 facet joint and C5-C6 medial branches is not medically necessary and appropriate.