MAXIMUS Federal Services

Case Number:	CM14-0013975		
Date Assigned:	02/26/2014	Date of Injury:	07/01/2009
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 39-year-old male who has submitted a claim for degeneration of cervical intervertebral disc and other symptoms referable to back associated with an industrial injury date of July 1, 2009.Medical records from 2013 to 2014 were reviewed. The patient complained of neck and back pain rated 3-4/10 with medications and 10/10 without medications. Physical examination showed tenderness over the C2-C7 and thoracic spine, both with 4+ muscle spasms; limitation of motion of the cervical spine; marked decrease in the bilateral upper extremity muscle strength at 1-2/5; marked hypoesthesia, more on the left than right arm; and atrophy of the bilateral arm muscles. Cervical MRI was obtained on December 16, 2013 and revealed post-surgical changes of C4-C7, anterior fusion with discectomy and interbody fusion at C5-C6 and C6-C7, possibly at C4-C5; advanced degenerative disc disease at C3-4, particularly on the right with 3mm C3 anterior subluxation, mild to moderate spinal canal stenosis as well as severe right and moderate left neural foraminal stenosis; mild spinal canal stenosis at C4-C5 and mild to moderate right neural foraminal stenosis; and slight interval progression of moderate right and mild left neural foraminal stenosis at both C6-C7 and C7-T1. The diagnoses were severe discogenic disease of the cervical spine with nerve impingement, spinal stenosis and radiculopathy; and thoracic spine radiculopathy and degenerative disc disease. Treatment plan includes requests for bilateral medial branch block at C2-3 and right medial branch block at C3-4.Treatment to date has included oral analgesics, physical therapy, cervical spine surgery and medial nerve branch block (February 10, 2012).Utilization review from January 29, 2014 denied the requests for right cervical medial branch block at C2-3, left cervical medial branch block at C2-3, and right cervical medial branch block at C3-4 because there was no documentation of failure of conservative treatment for at least 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical medial branch block at C2-C3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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 therapeutic steroid injections.

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 medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted such as marked decrease of muscle strength and marked hypoesthesia of the bilateral upper extremities. Moreover, a medial branch block was performed on February 10, 2012. However, the level and the response to the injection were not mentioned. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right cervical medial branch block at C2-C3 is not medically necessary and appropriate.

Left cervical medial branch block at C2-C3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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 therapeutic steroid injections.

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 medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted such as marked decrease of muscle strength and marked hypoesthesia of the bilateral upper extremities.

Moreover, a medial branch block was performed on February 10, 2012. However, the level and the response to the injection were not mentioned. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Left cervical medial branch block at C2-C3 is not medically necessary and appropriate.

Right cervical medial branch block at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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 therapeutic steroid injections.

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 medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted such as marked decrease of muscle strength and marked hypoesthesia of the bilateral upper extremities. MRI of the cervical spine revealed mild to moderate spinal canal stenosis as well as severe right and moderate left neural foraminal stenosis at C3-4 level. Moreover, a medial branch block was performed on February 10, 2012. However, the level and the response to the injection were not mentioned. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right cervical medial branch block at C3-C4 is not medically necessary and appropriate.

LEFT CERVICAL MEDIAL BRANCH BLOCK AT C3-4: 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, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

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 medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted such as marked decrease of muscle strength and marked hypoesthesia of the bilateral upper extremities. Moreover, a medial branch block was performed on February 10, 2012. However, the level and the response to the injection were not mentioned. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for LEFT CERVICAL MEDIAL BRANCH BLOCK AT C3-4 is not medically necessary.