MAXIMUS Federal Services

Case Number:	CM14-0016354		
Date Assigned:	04/11/2014	Date of Injury:	02/17/1998
Decision Date:	05/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

his 48 year-old patient sustained an injury when she bumped her head on a metal shelf on 2/17/98 while employed by [redacted]. The requests under consideration include medial branch block c4, c5, c6 and same day follow up visit. MRI of the lumbar spine showed C6-7 fusion and bilateral foraminal disc protrusions at C4-5 with neural narrowing. A report of 10/17/13 from the provider noted the patient with persistent neck pain and headaches with left arm tingling and occasional weakness in the arm. The exam showed cervical flexion limited by 20% and extension limited by 10% and rotation of 40% normal; midline paraspinal tenderness on palpation; decreased sensation over C7 and C8 dermatomes in left arm; and negative Spurling's. The report of 1/3/14 from the provider noted patient with unchanged chronic symptoms of pain with left arm tingling and weakness. The exam again was unchanged with treatment plan for cervical medial branch 3 level blocks which was non-certified on 1/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK C4, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

Decision rationale: The California MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Per report review, objective findings indicate radiculopathy symptoms along with decreased sensory in upper extremity dermatomes that would be more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. The submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). The medial branch block c4, c5, c6 are not medically necessary and appropriate.

SAME DAY FOLLOW UP VISIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.