

Case Number:	CM14-0016551		
Date Assigned:	04/11/2014	Date of Injury:	03/07/2013
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 35-year-old male who reported injury on 03/07/2013. The documentation of 01/08/2014 revealed the injured worker had a negative Spurling's test. There was facet tenderness from C5 through T1. The dermatome and myotome testing was within normal limits. The diagnosis was brachial neuritis or radiculitis nos. The treatment plan included the injured worker had moderate to severe neck pain with no significant radiation of pain. The injured worker did have prior radiation of pain in the upper extremity but had a cervical epidural injection which relieved arm pain. It was indicated the injured worker continued to have persistent left-sided neck pain. The physical examination revealed the injured worker had facet tenderness from C5 through T1 with the greatest at C5-6 and C6-7 and as such the recommendation was for a left-sided C5-7 medial branch block as the injured worker had facet arthropathy on MRI. It was indicated the injured worker had failed conservative treatment including physiotherapy, medications, and a home exercise program. It was indicated the injured worker's symptoms improved following the cervical epidural steroid injection but the injured worker had no radicular symptoms at the time of examination. It was further indicated if the injured worker received greater than 80% relief from activities that normally cause pain for the duration of the global anesthetic, the consideration would be for a medial branch facet joint rhizotomy neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED C5-C7 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Branch Block Section.

Decision rationale: ACOEM guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines were sought. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The injured worker had axial neck pain and the absence of radicular and/or neurologic findings. There was documentation the injured worker had failed conservative treatment. However, it was indicated the injured worker had undergone an epidural steroid injection. There was a lack of documentation indicating the date for the procedure. The injured worker had a history of radiculopathy. Without the supplied date, there would be a lack of documentation indicating whether the injured worker continued having symptoms once the epidural steroid injection wore off. Official Disability Guidelines do not support the use of medial branch blocks with injured workers who have radiculopathy. Given the above, the request for left-sided C5-7 medial branch block is not medically necessary.