

Case Number:	CM14-0110349		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2005
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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:

According to the records made available for review, this is a 43-year-old female with a 5/25/05 date of injury, and status post left carpal tunnel release and left DeQuervain's release on 5/6/11. At the time (6/16/14) of request for authorization for C2-C3 cervical block, monitored anesthesia care, and epidurography, there is documentation of subjective (pain in the cervical spine aggravated by repetitive motion of the neck, radiation of pain to the upper extremities; headaches) and objective (sensation diminished over the C5 dermatome, left biceps reflex 1+) findings. The current diagnoses are degeneration of cervical intervertebral disc, cervical disc displacement, and cervical radiculitis, and headaches. The treatment to date includes post-operative physical therapy, medications, and activity modification. A Medical report dated 5/29/14 identifies a request for C2 block at level C2-3 based on the fact that patient's symptoms of chronic debilitating headaches are becoming worse. The report also identified that the patient would like to have IV sedation because of her fear of injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C2-C3 Cervical 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): 174-175. Decision based on Non-MTUS Citation Medical practice standard of care.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated, as criteria necessary to support the medical necessity of block(s). However, despite documentation of a plan identifying a request for C2 block at level C2-3 based on the fact that patient's symptoms of chronic debilitating headaches are becoming worse, there is no documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated. Therefore, based on guidelines and a review of the evidence, the request for C2-C3 cervical block is not medically necessary.

Monitored Anesthesia Care: 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, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 174-175. Decision based on Non-MTUS Citation Medical practice standard of care.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated, as criteria necessary to support the medical necessity of block(s). However, despite documentation of a plan identifying a request for C2 block at level C2-3 based on the fact that patient's symptoms of chronic debilitating headaches are becoming worse, there is no documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated. Therefore, based on guidelines and a review of the evidence, the request for monitored anesthesia care is not medically necessary.

Epidurography: 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): 174-175. Decision based on Non-MTUS Citation Medical practice standard of care.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated, as criteria necessary to support the medical necessity of block(s). However, despite documentation of a plan identifying a request for C2 block at level C2-3 based on the fact that patient's symptoms of chronic debilitating headaches are becoming worse, there is no documentation of which specific block is being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested block is indicated. Therefore, based on guidelines and a review of the evidence, the request for epidurography is not medically necessary.