

Case Number:	CM14-0117265		
Date Assigned:	08/06/2014	Date of Injury:	01/09/2013
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 injured worker is a 62-year-old female who reported an injury on 01/09/2013, the mechanism of injury was not provided. On 06/20/2014, the injured worker presented with pain in the neck and headaches. She also reported associated tingling, numbness and weakness in the right arm. Upon examination of the cervical spine, there was tenderness to palpation over the right superior trapezius and a positive Spurling's maneuver to the right. There was tenderness to palpation over the posterior aspect of the shoulder and a positive Hawkins and positive cross arm adduction test. There was no atrophy noted and motor strength was 5/5 and symmetric throughout the bilateral upper extremities at 4+/5 on grip strength and 4/5 on right shoulder adduction. There was diminished sensation at the right C7-8 dermatomes of the upper extremities. Diagnoses were disorders of bursae and tendons in the shoulder region unspecified, cervicgia and cervical spondylolisthesis without myelopathy. Prior therapy included physical therapy and medications, the provider recommended a bilateral C5, C6 and C7 diagnostic differential medial branch block. The provider's rationale was that the cervical MRI is positive for multilevel facet arthropathy involving the C4-5, C5-6 and C6-7 and there was C6-7 disc protrusion with spinal canal stenosis with a neural foramina patent bilaterally. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5, C6, C7 Diagnostic Differential MBB: Upheld

Claims Administrator 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 and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Neck and Upper Back, Facet Joint Diagnostic Block.

Decision rationale: The request for bilateral C5, C6 and C7 diagnostic differential medial branch block is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is not radicular, no more than 2 levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT and NSAIDs prior to the procedure for at least 4 to 6 weeks. Upon physical examination, there was a positive Spurling's maneuver to the right, tenderness to palpation over the right trapezius, diminished sensation to the right C7 and C8 dermatomes. Radiculopathy is an exclusionary criteria for a medial branch block. As such, the request is not medically necessary.