

Case Number:	CM14-0126400		
Date Assigned:	08/13/2014	Date of Injury:	09/08/2009
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 32 year old female with a work injury dated 9/8/09. The diagnoses include degenerative cervical spine disease including disc and facet disease as well as as foraminal stenosis. cervicalgia and cervicogenic headaches. Under consideration is a request for a medial branch block bilateral C2, C3, C4 and a follow up. Per documentation physician report dated 05/15/14 revealed the claimant presented with complaints of recurrence of neck pain and headaches. She underwent facet injections of the C2-C3 and C3-C4 levels about 3.5 months ago. She received approximately 2 months of significant relief of pain and headaches after the facet injections, certainly greater than 50% .She had also had improvement of arm pain after epidural injection. Physical examination revealed tenderness to palpation over the cervical paraspinous region overlying the C2-C3 and C3-C4 facet joints. Pain is exacerbated with cervical hyperextension. Plan was radiofrequency lesioning of bilateral C2~C3 and C3-C4 facet innervations. MRI of the cervical spine dated 07/03/13 reveals degenerative disc disease at C6-7 with a 2.5 mm broad based disc bulge/dorsal spondylotic ridge, and a 3 mm far left lateral disc bulge/protrusion. There is mild central canal stenosis due to dorsal spondylosis. Disc desiccation at C3-4 with a 1.5 mm central disc bulge/protrusion. Disc desiccation at C4-5 with a 1mm disc bulge. Disc desiccation at C5-6 with a 0.5 mm central disc bulge, straightening of the cervical lordosis. A 1/24/13 office visit revealed that on physical exam there was positive tenderness at C5, C6, and C7. Sensation is decreased in left arm in C6 distribution. MRI Cervical: C6-7 herniated nucleus pulposus with neuroforaminal stenosis. The diagnosis was cervical radiculitis and the treatment plan was a left C6-7 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block bilateral C2, C3, C4 and a follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS 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 (ODG) Neck and Upper Back Complaints p175-176 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The request for medial branch block bilateral C2, C3, C4 and a follow up is not medically necessary per the MTUS and ODG guidelines. The guidelines state that no more than 2 levels may be blocked at any one time. The MTUS ACOEM guidelines state that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that no more than 2 levels may be blocked at any one time. The request asks for 3 levels and therefore this is not medically necessary. The documentation is not clear that the patient's pain is purely facet related in nature. The imaging studies do not reveal facet arthropathy. The patient has a history of radicular arm symptoms. The request for medial branch block bilateral C2, C3, C4 and a follow up is not medically necessary.