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| Case Number: | CM14-0128963 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 10/10/2013 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Pain Medicine, 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 63-year-old male who reported injury on 10/10/2013. The mechanism of injury was a fall. The diagnoses included cervicogenic headache and occipital neuralgia, history of head concussion, cervical facet arthropathy, and cervical sprain and strain. The past treatments included Topamax, which resulted in a rash, Elavil, which made him sick, and Lyrica at 75 mg, which caused him to very groggy. An occipital and supraorbital nerve block provided some relief for about 1 week. An MRI of the brain, dated 02/14/2014, revealed sinusitis to the bilateral maxillary sinuses, but otherwise unremarkable exam. The progress note, dated 07/10/2014, noted the injured worker complained of worsening pain to the back of his head, rated a 7/10. He reported taking Lyrica 100 mg every night, which was causing him to be very groggy and dizzy in the morning. It was also noted the injured worker was not receiving any active therapies. The physical exam revealed tenderness to palpation bilaterally over the trapezius musculature on the right greater than the left side, tenderness over the cervical paraspinal muscles, tenderness over the mastoid process, noting the injured worker cringed with any pressure applied to that area. Cervical range of motion was measured to 30 degrees of extension, 45 degrees of forward flexion, 60 degrees of lateral rotation, and 30 degrees of lateral flexion. The physical also documented a positive cervical facet stress test, a negative Spurling's test, a negative Adson's test, intact sensation, 5/5 muscle strength, 2/4 deep tendon reflexes, negative Hoffmann's reflex, and negative Spurling's test. The medications were noted to include Lyrica 100 mg nightly, and ibuprofen. The treatment plan requested a cervical MRI, bilateral cervical C3, C4, C5 medical branch blocks, and to decrease his Lyrica 75 mg at night and then spread out in the morning at 15 mg to see if he can tolerate it better. The physician further noted the medial branch blocks will help with neck pain, and the cervicogenic headaches. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Bilateral C3-C4, C4-C5 Quantity : 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint therapeutic injections.

Decision rationale: The request for medial branch block bilateral C3-4, C4-5 quantity 4 is not medically necessary. The injured worker had a headache, rated 7/10, with tenderness to palpation of the cervical paraspinal muscles and the mastoid process. An MRI of the brain revealed sinusitis of the bilateral maxillary sinuses. The California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections) are of questionable merit. The Official Disability Guidelines further state, therapeutic blocks are not recommended; however, if used anyway, the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be no evidence of radicular pain, spinal stenosis, or fusion. Injections should be performed at no more than 2 levels bilaterally, after documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. There is a lack of documentation demonstrating the injured worker has findings upon physical exam consistent with facetogenic pain. There is a lack of documentation indicating failure of conservative treatment. Given the previous, a medial branch block is not indicated or supported at this time. Therefore, the request is not medically necessary.