

Case Number:	CM14-0130001		
Date Assigned:	08/20/2014	Date of Injury:	07/15/2002
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 07/15/2002 due to an unspecified mechanism of injury. The injured worker had a history of neck and lower back pain. The injured worker had diagnoses of chronic back pain, lumbar facet syndrome, lumbar degenerative disc disease, and neck pain. The past treatments included physical therapy, aquatic therapy, medication, and home exercise program. The medications included Ultram ER 300 mg, Trazodone 50 mg, Flexeril 10 mg, Vicodin 5/300 mg, Neurontin 300 mg, Butrans 10 mcg/hour patch, and Lidoderm 5% patch. The physical examination dated 07/21/2014 of the cervical spine revealed no abnormal curvature noted on inspection of the cervical spine, range of motion was restricted with flexion limited to 35 degrees, extension limited to 30 degrees, right lateral bending limited to 25 degrees, left lateral bending limited to 25 degrees, lateral rotation to the left limited to 40 degrees, lateral rotation to the right limited to 40 degrees with pain. On examination of the paravertebral muscles, tenderness and tight muscle band was noted bilaterally. No spinal process tenderness was noted. Tenderness was noted at the paracervical muscles and trapezius. Spurling's maneuver caused pain to the muscles of the neck with no radicular symptoms. The treatment plan included a medial branch blocks, medication, and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-C6 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines indicate that a facet neurotomy should be performed only after an appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical notes indicated that the injured worker has radicular pain that down both arms, with numbness to bilateral hands and fingers. No efficacy was provided for pain relief or documentations to support failed conservative. As such, the request is not medically necessary.