MAXIMUS Federal Services

Case Number:	CM14-0134149		
Date Assigned:	08/25/2014	Date of Injury:	02/20/2010
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family 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:

This is a 46-year-old patient who reported an industrial injury to the neck on 2/20/2010, 4 years ago, attributed to the performance of his customary job tasks. The patient is treated for the diagnoses of cervical spine degenerative disc disease; cervical spondylosis with upper extremity radiculopathies; left shoulder pain; and status post C6-C7 fusion. The patient complained of continued neck pain radiating to the shoulders. The objective findings on examination included tenderness over the cervical musculature and moderately reduced range of motion to about 50% of flexion and 50% extension without pain and lateral bending to about 25% of normal without pain. The patient was recommended to continue treatment in the FRP (functional restoration program) along with obtaining a shower chair, C5-C6 median branch block, and pain medications. The treatment plan included bilateral C5-C6 medial branch block with a follow-up evaluation with an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6 medial branch block (MBB) to include a follow-up evaluation with an Orthopedic Spine Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175;187; 300; 179-180,Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The request for the cervical MBB (medial branch block) or facet blocks to bilateral C5-C6 is inconsistent with the recommendations of the CA MTUS for the treatment of this injured worker. There is no objective evidence of facet arthropathy to the cervical spine as documented by a Cervical Spine MRI or x-ray imaging studies. There are no documented neurological deficits. There is no documented pain on extension/rotation of the cervical spine. The treatment of the patient with facet blocks is recommended based on the assessment of facet-mediated pain; however, there was no documented pain with rotation and extension of the cervical spine. The patient is assessed as having a facet pain generator. There are no objective findings on examination or on the cervical spine, CT scan to support the contention of facet-generated pain. The use of facet blocks and RFA (radiofrequency ablation) to the cervical spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with neck and shoulder/back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The treating physician provided insufficient subjective and objective evidence to support the medical necessity of diagnostic cervical facet block in the anticipation of performing RFA or for the treatment of chronic neck pain. The provider did not support his request with the criteria recommended by the evidence-based guidelines.The request for the authorization of diagnostic facet blocks or median branch blocks for chronic cervical spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial cervical pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. There is no defined surgical lesion or rationale to support the medical necessity of a consultation with an orthopedic spine surgeon after a MBB/facet block. There is no demonstrated medical necessity for the requested bilateral C5-6 MBB/facet block and a follow up with an Orthopedic Surgeon.