

Case Number:	CM14-0139244		
Date Assigned:	09/05/2014	Date of Injury:	04/13/2007
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 and 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 underlying date of injury in this case is 04/13/2007. The date of the initial physician utilization review under appeal is 08/05/2014. Primary treating physician note of 07/15/2014 is handwritten and only partially legible but appears to indicate that a spinal stimulator was working well. The patient was noted to have a lumbar post-laminectomy syndrome as well as a cervical chronic pain syndrome. A request was made for diagnostic cervical medial branch blocks at multiple levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic MBN blocks of bilateral cervical spine (multiple levels): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 174, states that invasive techniques, such as facet injections in the cervical spine have no proven benefit in treating acute neck and upper back symptoms. The same guidelines also state that there is limited evidence to show that radiofrequency neurotomy may be effective in relieving cervical facet joint pain

among patients who have had a positive response to facet injections. These guidelines suggest that in exceptional cases there may be a role for diagnostic medial branch block and potentially radiofrequency treatment for facet mediated pain if this is clearly documented. In this case, the medical records are very limited and extremely difficult to read, and therefore it is difficult to identify such detailed clinical reasoning. Moreover, it is not clear what particular level the patient is proposed to have evidence of facet mediated pain, and for that reason it would not be possible to apply the guidelines in support of this request. Finally, it appears from the medical records that this patient has a combination of axial and radicular symptoms; the radicular symptoms would preclude an indication for treatment of facet mediated pain since facet mediated pain is anticipated to be predominantly axial in nature. Overall, again the medical records are very limited and/or very difficult to read, and thus it is challenging to apply a guideline in this situation. This request is not medically necessary.