

Case Number:	CM14-0140110		
Date Assigned:	09/08/2014	Date of Injury:	12/17/2009
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 12/17/2009. The date of the utilization review under appeal is 08/25/2014. On 08/12/2014, the patient was seen in physical rehabilitation consultation for initial evaluation of bilateral neck pain and bilateral shoulder pain as well as bilateral thoracic pain and low back pain. The treating physician felt the patient had cervical facet pain at C5-6 and C7-T1 as well as chronic neck pain, cervical facet arthropathy, and left shoulder impingement. Treatment plans included an in-office shoulder cortisone injection to treat left shoulder impingement as well as a facet medial branch block at C5-6 and C7-T1 given the patient's neck symptoms with supportive finding of cervical extension more painful than flexion and extension and tenderness on palpation of the cervical paraspinal muscles overlying the C5-6, C6-7, and C7-T1 joints. The patient was noted to have failed physical therapy and anti-inflammatory medications, and thus further invasive management of facet-mediated pain was planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic LT C5-C6 and LT C7-T1 facet joint medical branch block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Diagnostic Blocks

Decision rationale: An initial physician review recommended non-certification of facet medial branch blocks given that a concurrent request for a shoulder cortisone injection was pending. However, the medical records in this case very clearly distinguish between the patient's shoulder pain versus axial neck pain, which has failed to respond to conservative treatment. The Medical Treatment Utilization Schedule does not specifically discuss indications for medial branch blocks. However, this is discussed in the Official Disability Guidelines/Treatment in Workers' Compensation/Neck/Facet Joint Diagnostic Blocks. This patient does clearly have axial neck pain worsened with facet loading maneuvers and with palpation over the facet joints and which has been refractory to initial conservative treatment. Medial branch blocks are supported in this situation by the treatment guidelines. This request is medically necessary.