MAXIMUS Federal Services

Case Number:	CM14-0153063		
Date Assigned:	09/23/2014	Date of Injury:	06/18/2002
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a female with a work injury dated 6/18/02. The diagnoses include cervicalgia, cervical spondylosis. Under consideration is a request for right cervical medial blocks at C4-5 and C5-6 with fluoroscopy and IV sedation. There is a primary treating physician report dated 8/18/14 that states that the patient has been having some increasing right sided neck pain that seems to be causing some more headaches. Sleep has been poor secondary to discomfort. She tries to stay active, performing daily stretching and walking in the morning. She uses heat for added relief and has attended massage therapy as well. She had a right cervical radiofrequency on 11-26-13 and reports 9-10 month's relief of neck pain from this procedure. She takes Hydrocodone on daily basis, Tizanidine at night, and Mobic for inflammation and pain. She is able to remain functional and active, takes time to complete chores, housework and rests every afternoon. She received trigger point injections on 7-22-14 and feels correct site was injected and pain score reduced from 5/10 to 0/10, but now has some additional trigger points in lower thoracic paraspinous region below the T10 level. She feels that right sided facet pain has recently increased to point that radiofrequency/ facet protocol will need to be repeated. Reporting increased occipital headaches and return of migraine headaches associated with cervical facet pain. On exam there are no deformities. The cervical palpation reveals tender right cervical facet joints, and tender right occiput. The cervical range of motion reveals right cervical pain with extension/ right lateral rotation. Per documentation on 11/26/13 the patient underwent a right cervical medial branch rhizotomy at C3-C4, C4-C5 and C5-C6. The patient had a right cervical radiofrequency on 11/26/13 and reports nine to ten months relief of neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical medial blocks at C4-5 and C5-6 with fluoroscopy and IV sedation: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Facet joint therapeutic steroid injections

Decision rationale: Right cervical medial blocks at C4-5 and C5-6 with fluoroscopy and IV sedation are not medically necessary per the MTUS and ODG guidelines. The guidelines recommend IV sedation for extreme anxiety. It is not clear that the patient has extreme anxiety from the documentation submitted.The patient has had extended relief from prior rhizotomy involved C4-5,C5-6 therefore it is unclear why a repeat medial block which is diagnostic is necessary. The request for right cervical medial blocks at C4-5 and C5-6 with fluoroscopy and IV sedation are not medically necessary.