

Case Number:	CM14-0161250		
Date Assigned:	10/06/2014	Date of Injury:	08/10/2008
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 08/10/2008. The date of the utilization review under appeal is 09/25/2014. On 09/11/2014, the patient was seen in pain management follow-up with left-sided neck pain. The patient reported axial pain which was non-radicular. The patient was noted to be 11 months status post cervical radiofrequency lesioning. He was just starting to notice return of symptoms on the left side of his neck. On exam, the patient had mild pain with some limitation of motion of the neck with extension and rotation to the left side. He had tenderness to palpation over the left sided lower cervical facet joints but not on the right. The treating physician noted that overall the patient had greater than 11 months of pain relief from prior radiofrequency lesioning. He requested left-sided medial branch blocks, although he noted that this request was with anticipation that the Workers' Compensation carrier might want that and he would alternatively be comfortable in proceeding to radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical branch blocks C3-4, C4-5, C5-6 QTY: 3: 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 (ODG), Neck & Upper Back, Facet joint diagnostic blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Diagnostic Blocks and Facet Joint Radiofrequency Denervation.

Decision rationale: The ACOEM Guidelines, chapter 8, neck, page 174, state that invasive techniques are of no proven value in treating acute neck and upper back symptoms. For this reason this request is not medically necessary. Moreover, the Official Disability Guidelines, Treatment in Workers Compensation, Neck, discuss facet joint diagnostic blocks; this guideline recommends blocking no more than two levels at one time, and for that reason the quantity at this time exceeds the guidelines. Additionally, the same guideline discussed facet joint radiofrequency denervation and notes that repeat medial branch blocks are not recommended if a patient has had a prior positive response to radiofrequency ablation. For these multiple reasons, the current request for multilevel cervical medial branch blocks is not supported by the treatment guidelines. This request is not medically necessary.