

Case Number:	CM14-0163422		
Date Assigned:	10/08/2014	Date of Injury:	04/24/2013
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 & 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 injured worker is a 47 year old female who reported an injury on 07/20/2013 due to an unspecified mechanism of injury. Her diagnoses included cervical disc disease, cervical radiculopathy, and cervical facet syndrome. Past treatments included epidural steroid injections, physical therapy, chiropractic treatment, medication, rest and a home exercise program. On 09/03/2014, the injured worker complained of cervical pain rated 7-8/10 along with stiffness and burning between the shoulder blades. The physical examination revealed facet tenderness over the C3-C7 levels and spasms over the cervical paraspinal muscles into both trapezius muscles. She was also noted to have a positive axial head compression test on the left and a positive Spurling's sign on the left. Her neck range of motion was noted to be within expected ranges with the exception of lateral flexion at 60 degrees on the right. The injured worker had decreased sensation in the C6 and C7 dermatomes on the left. Her medications included Norco 5/325 and Naproxen 550mg. The treatment plan included a request for bilateral C5-C7 medial branch block injections; continue medication regimen and home exercises. A request was received for bilateral C5-C7 medial branch block injections. A rationale was not provided. A Request for Authorization form was submitted on 09/03/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C7 medial branch block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Facet Joint Diagnostic Blocks

Decision rationale: The request received for bilateral C5-C7 medial branch block injections is not medically necessary. According to the California MTUS/ACOEM Guidelines, facet injection of corticosteroids and diagnostic block panel do not meet interpretation of inclusion criteria for research-based evidenced, more specifically the Official Disability Guidelines state facet joint diagnostic blocks are recommended prior to a facet neurotomy. The use of diagnostic blocks for facet nerve pain should be consistent with a clinical presentation of facet joint pain, signs and symptoms. The use of medial branch blocks is limited to patients with non-radicular cervical pain and should be performed at no more than two levels bilaterally. There should also be documentation of failed conservative care treatment including home exercise, physical therapy and NSAIDs. The injured worker was noted to have a positive Spurling's test and decreased sensation. The injured worker had facet tenderness over the C3-C7 regions. As there is evidence of neurologic deficit, a medial branch block would not be indicated. Additionally, there was a lack of significant findings indicative of facetogenic pain upon physical examination including decreased range of motion. Therefore, the request is not supported by the guidelines. As such the request received for bilateral C5-C7 medial branch block injections is not medically necessary.