

Case Number:	CM14-0163656		
Date Assigned:	11/12/2014	Date of Injury:	02/10/2013
Decision Date:	12/16/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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:

This is a 57-year-old male with a 2/10/13 date of injury. The patient sustained an injury while driving a commercial tractor trailer and was struck by another vehicle on the right front bumper. The UR decision dated 9/22/14 refers to a progress note dated 9/12/14; however, this report was not provided for review. The patient complained of cervical spine pain isolated to the neck region. She rated it as a 7/10 at worst and 5/10 on average. The patient also reported associated numbness in the neck. The patient already went through a previous medial branch block to the left C3-C6 level on 2/6/14. There was radio-frequency already done to the left side as well with significant relief of pain and a reduction with headaches. The request in the notes is for radio-frequency of C3-C5 for the right side. Objective findings: diminished range of motion at the right lateral rotation compared to left, tenderness to palpation over the right cervical facets C3-6. The patient had 6 very arthritic facet joints, herniated nucleus pulposus at one level, disc protrusion at another level, and significant central and bilateral foraminal stenosis and severe degenerative disc disease at 3 levels. Diagnostic impression: cervical spondylosis without myelopathy, cervicgia, degeneration of the cervical intervertebral disc. Treatment to date: medication management, physical therapy, radiofrequency, medial branch block. A UR decision dated 9/22/14 denied the request for Medial Branch Block C3, 4, 5, right. The request in the notes is for radio-frequency of C3-C5. Also, there is no mention of when the medial branch block was done to the right side, which had 2 hours of relief of 65 percent. This time frame of improvement is a very narrow window for benefit and the chances of improvement with radio-frequency are less likely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block C3, 4, 5 right: 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, Neck & Upper Back, Facet joint diagnostic blocks; Facet joint therapeutic steroid injections

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

Decision rationale: CA MTUS does not address this issue. Recommended prior to facet neurotomy, a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet nerve pain: 1) one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%, 2) limited to patient with cervical pain that is non-radicular and at no more than two levels bilaterally, 3) there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDS) prior to the procedure for at least 4-6 weeks, 4) no more than 2 joint levels are injected in one session. In the present case, the UR decision indicated that there was a previous medial branch block done to the right side, which had 2 hours of relief of 65 percent. However, the date of the previous block was not noted. In addition, there is no documentation that the patient has had a failure of conservative treatment for at least 4-6 weeks. In addition, according to the UR decision, the request in the medical records was noted to be for radio-frequency of C3-C5, not for medial branch block. Therefore, the request for Medial Branch Block C3, 4, 5 right is not medically necessary.