

Case Number:	CM14-0163709		
Date Assigned:	10/08/2014	Date of Injury:	05/03/2012
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, headaches, and shoulder pain reportedly associated with an industrial injury of May 3, 2012. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; and earlier carpal tunnel release surgery. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for cervical medial branch blocks, invoking Non-MTUS Official Disability Guidelines, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant reported ongoing complaints of thumb pain secondary to thumb arthritis, cubital tunnel syndrome, De Quervain's tenosynovitis, and carpal tunnel syndrome. The applicant was apparently considering pursuit of a left-sided cubital tunnel release surgery and/or carpal tunnel release surgery. On May 16, 2014, the applicant was asked to continue regular duty work. Numbness, tingling, and paresthesias were noted about the left fourth and fifth digits. The applicant was given trigger point injections. The applicant was asked to continue Lyrica and Norco. On August 22, 2014, the applicant was described as having ongoing complaints of neck pain, left-sided carpal tunnel syndrome, left-sided thumb arthritis, and left ulnar neuropathy. It was stated that the applicant was pending a left carpal tunnel release surgery and a left ulnar neuropathy release surgery. The applicant was also asked to pursue medial branch blocks to the C4 through C6. Neck pain was noted, exacerbated by motion, 6/10. Facetogenic tenderness was reportedly appreciated on exam. In a July 11, 2014 progress note, the attending provider stated that the applicant had ongoing complaints of neck pain, and left upper extremity paresthesias. It was stated that the applicant had retired from her former employment. Stated diagnoses included cervical strain, cervical facet arthropathy, left ulnar neuropathy, left medial neuropathy, and left thumb CMC joint arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3, C4, and C5 medial branch block: 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Neck- Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, diagnostic blocks, such as the medial branch blocks at issue, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity here, as the applicant has been given diagnosis of cervical facet arthropathy versus myofascial pain syndrome versus ulnar neuropathy versus median neuropathy, versus thumb arthritis. The applicant has been given Lyrica for reported neuropathic pain, it is further noted. All of the foregoing, taken together, argues against any facetogenic pain for which the medial branch blocks at issue could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.