

Case Number:	CM14-0167663		
Date Assigned:	10/14/2014	Date of Injury:	12/08/2010
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Georgia. 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 57 year old male who was injured on 12/08/2010. Prior treatment history has included cervical spine surgery at level C5-C6, and acupuncture. Office note dated 09/03/2014 stated the patient presented for complaints of diffuse neck pain with a diagnosis of chronic pain syndrome. He complained of pain on the right side with intermittent shooting pain from the occiput radiating from the shoulder up the neck. He reported worsening pain when turning his head to the right side, associated with spasms as well as spasms from the right occiput. On exam, the cervical spine revealed restricted range of motion with extension limited to 20 degrees due to pain, lateral rotation to the left was limited as well at 30 degrees due to pain and lateral rotation to the right was limited to 30 degrees due to pain. Flexion was normal. There was hypertonicity and spasm present as well as a tight muscle band. Facet loading for the right C3-C4 as noted as positive. Strength was 5/5 in all major muscle groups, with intact sensation noted as well. The patient was diagnosed with cervicgia and cervical disc displacement without myelopathy. A request was made for bilateral C3-C4 medial branch blocks. Prior utilization review dated 09/12/2014 stated the request for Bilateral C3 and C4 Medial Branch Block was denied as there was a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 and C4 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines facet joint block Page(s): 300. Decision based on Non-MTUS Citation Guidelines (ODG) Neck, Facet joint diagnostic blocks

Decision rationale: The Official Disability Guidelines note that facet joint diagnostic blocks are typically performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria to be used for the use of facet diagnostic blocks recommend a clinical presentation consistent with facet joint pain at the requested levels. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% relief. The procedure should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The medical records document findings consistent with facet mediated pain, but only at the right C3-C4 levels. The request filed was for bilateral C3-C4 medial branch blocks. The medical records do not provide adequate documentation to support the need for left-sided medial branch blocks at the C3-C4 level. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request of Bilateral C3 and C4 Medial Branch Block is not medically necessary and appropriate.