MAXIMUS Federal Services

Case Number:	CM14-0170120		
Date Assigned:	10/20/2014	Date of Injury:	09/05/1985
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 09/05/1985 due to an unspecified mechanism of injury. The injured worker complained of recurrent cervical axial pain to the shoulders that limited his ADLs and sleep, cervical headaches, bilateral cervical radiculopathy pain and bilateral lower extremity pain. The diagnoses included degenerative disc disease to the thorax, cervical facet arthropathy, left ankle injury, lumbar sprain/strain, lumbar facet arthropathy, lumbar spinal stenosis, lumbar radiculopathy, hospital neuralgia, cervical radiculopathy and failed neck surgery syndrome. The medications included Cymbalta, Dilaudid, topical cream, Fentanyl Patch, Lyrica, and Norco. The injured worker rated his previous pain on good days at 4/10, and current pain 4/10 also previous pain of 9/10 at worst and current pain on bad days a 9/10 using the VAS. The prior treatments included medication, massage, TENS unit and quietness. The objective findings dated 10/23/2014 of the cervical spine revealed a forward range of motion of 35 degrees, a right lateral flexion at 40 degrees, left lateral flexion at 40 degrees, positive Spurling's maneuver, Hoffman's sign negative bilaterally, bilateral cervical tenderness to the left greater than right, palpation and tenderness was normal at the C5-6. Thoracic location revealed bilateral parathoracic tenderness at the T8-9 with a sensory exam/pinprick to the bilateral with decreased sensation at the T9, T10, and T11. Spasms positive bilaterally at the bilateral cervical spine with a hypolordotic posture. Conservative treatment includes home exercise program, moist heat, and stretches. The Request for Authorization dated 10/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Medial Branch Block at C5-6, C7-T1 under Anesthesia, X-ray, and Fluoroscopic Guidance: 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, Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for Left Cervical Medial Branch Block at C5-6, C7-T1 under Anesthesia, X-Ray, and Fluoroscopic Guidance is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neuteromony at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker complained of radicular pain and the injured worker had a diagnosis of radicular pain to the lower extremities. The provider did not indicate that the injured worker had failed conservative treatment to include home exercise and physical therapy. The documentation further indicated that the injured worker was on a home exercise program. Additionally, the provider stated that the injured worker's pain had decreased. The guidelines state invasive techniques may have no proven benefit in treating acute neck or upper back symptoms. As such, the request is not medically necessary.

Right Cervical Medial Branch Block at C5-6, C7-T1 under Anesthesia, X-Ray, and Fluoroscopic Guidance: 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, Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for Right Cervical Medial Branch Block at C5-6, C7-T1 under Anesthesia, X-Ray, and Fluoroscopic Guidance is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neuteromony at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker complained of radicular pain

and the injured worker had a diagnosis of radicular pain to the lower extremities. The provider did not indicate that the injured worker had failed conservative treatment to include home exercise PT. The documentation further indicated that the injured worker was on a home exercise program. The guidelines state invasive techniques may have no proven benefit in treating acute neck or upper back symptoms. As such, the request is not medically necessary.