MAXIMUS Federal Services

Case Number:	CM14-0020591		
Date Assigned:	04/30/2014	Date of Injury:	07/10/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 44 year old male who was injured on 07/11/2012 from a motor vehicle accident while at work. Diagnostic studies reviewed include MRI of the cervical spine dated 12/11/2013 revealing a normal MRI of the cervical spine. Progress note dated 04/10/2014 documented the patient with complaints of radicular pain in right and left arm, weakness in right and left arm and stiffness and pain with movement. Condition is located in the right and left side of neck. Neck pain occurred as a result of work injury. Severity of condition is 7-8/10 at its worst. Pain is described as aching, burning deep dull, pressure, sharp, stabbing, throbbing and stiff. Objective findings on examination of the neck reveal pain to palpation over the C3 to C4, C4 to C5 and C5 to C6 facet capsules, bilaterally, secondary myofascial pain with triggering and ropey fibrotic banding and pain with rotational extension indicative of facet capsular tears bilateral. Impression: Status post injury with cervical and lumbar spinal injury with disc injury and likely facet injury with cervicogenic migraine headaches from a motor vehicle collision on 07/10/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDE C2,3,5,6 MEDIAL BRANCH NERVE BLOCKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: CA MTUS do not discuss the issue in dispute. The criteria for the use of diagnostic blocks for facet nerve pain per ODG guidelines include: one set of diagnostic medial branch blocks with a response of 70%. The pain response should be approximately 2 hours for Lidocaine; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; no more than 2 joint levels are injected in one session. However, the submitted medical records do not show any trial and failure of conservative managements. Additionally, the patient has complaints of radicular pain in both arms. Furthermore, there is no evidence of facet arthropathy in the MRI of the cervical spine. Nonetheless, more than 2 levels have been requested. Therefore, the ODG criteria are not met and therefore, the medical necessity of the requested service cannot be established at this time.