

Case Number:	CM14-0020981		
Date Assigned:	04/30/2014	Date of Injury:	04/27/1997
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
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 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 patient is an employee of [REDACTED] and has submitted a claim for neck, upper back, low back, shoulder, and arm pain associated with an industrial injury date of April 27, 1997. Treatment to date has included medications; physical therapy; home exercise program; H- wave; thoracic epidural steroid injection; trigger point injections; cervical medial branch blocks with radiofrequency ablation; bilateral T6-8 facet blocks; bilateral T3-5 facet blocks; bilateral shoulder surgery; anterior cervical discectomy and fusion C5-6; bilateral foraminotomies C6-7, C7-T1; anterior revision of posterior cervicothoracic fusion C5-T3; and anterior thoracic spine discectomy and fusion T1-2. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of constant moderate to severe neck, upper back, low back, shoulder, and arm pain. On physical examination, there was decreased range of motion and tenderness of the cervical spine and shoulders. Utilization review from February 6, 2014 denied the request for diagnostic bilateral T2, T3, T4 Medial Branch Block (MBB) because the guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC BILATERAL T2, T3, T4 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; Neck & Upper Back, Facet Joint Diagnostic Blocks.

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 Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: CA MTUS does not specifically address cervical medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that criteria for diagnostic medial branch blocks include cervical pain that is non-radicular; failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, diagnostic bilateral T2, T3, and T4 Medial Branch Block (MBB) was requested to denervate the T3-4 and T4-5 facet joints and for possible thoracic RFA if the requested procedure yields positive results. However, there was no discussion regarding failure of conservative management prior to the requested procedure. The criteria were not met; therefore, the request for diagnostic bilateral T2, T3, T4 medial branch block is not medically necessary.