MAXIMUS Federal Services

Case Number:	CM14-0023185		
Date Assigned:	05/14/2014	Date of Injury:	09/02/2010
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 57-year-old male with date of injury of 09/02/2010. Per progress report, 01/22/2014, patient presents with left shoulder pain that is less than neck. The neck pain is still 4/10 in severity, requires use of ibuprofen and Vicodin on a regular basis. Patient is tolerating work well, but still has limitations in range of motion of the cervical spine towards the left especially. Examination showed left C5-C6 and C6-C7 levels that are tight and tender, negative Spurling's sign, diminished range of motion of the neck. The listed diagnoses are: 1. Left rotator cuff syndrome with status post repair. 2. Left bicipital tendinosis. 3.Cervical facet arthralgia. 4.Thoracic and rib strain. Recommendation was for medial branch blocks to the left C5-C6 and C6-C7. The 11/13/2013 report is handwritten, states "TTP left C6-C7, T1-T2 with hyperextension." A 10/22/2013 report states shoulder improving after physical therapy and surgery, and yet, neck pain is still present, a pulling sensation over to the left more than the right paraspinal muscles with 7/10 to 9/10 in severity, working full duty. Exam showed moderate pain and spasms over the left C6-C7 levels. MRI was appealed on 10/14/2013 with the results still pending. The current request for medial branch blocks left C6-C7 was denied by utilization review letter, 02/07/2014, with the rationale that, "There is no objective documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence-based exercise program and medications prior to the proposed procedure."

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK FOR CERVICAL SPINE LEFT C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck Chapter, for Facet Joint Injections.

Decision rationale: This patient presents with chronic and persistent left side greater than right-sided neck pain. Patient has had shoulder surgery in the past with improvement of the shoulder symptoms, but has persistent pain on the left side of the neck. The treating physician has asked for medial branch diagnostic blocks of the cervical spine to cover left C6-C7 facet joint. The request was denied by utilization review letter, 02/07/2014, with the citation that there was a lack of documentation of conservative care. It should be noted that this patient's injury dates back to 09/02/2010 and patient has had therapy and surgery of the shoulder, and it would not be reasonable to cite lack of conservative care for denial of this request. While MTUS Guidelines do not discuss facet diagnostic evaluations, ACOEM Guidelines make reference to it on page 173. ODG Guidelines provide more specific discussion regarding facet diagnostic evaluations. Facet joint evaluations are recommended for non-radicular pain, localized tender areas over the facet joint, and when conservative measures have failed. No more than one set of diagnostic blocks are recommended and no more than 2 levels. This request is consistent with ODG Guidelines for facet diagnostic evaluation. Patient has lateralized pain over to the left side which is worse than the right side. Examination showed palpatory tenderness in the lower cervical facet joint levels. Evaluation of the lower cervical facet joints including C6-C7 is quite reasonable and medically supported based on review of the ODG Guidelines. The request is medically necessary and appropriate.