

Case Number:	CM14-0024345		
Date Assigned:	06/13/2014	Date of Injury:	05/04/2010
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 has a subspecialty in Interventional Spine Surgery 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 43 year old female with an injury date on 05/04/2010. Based on the 02/18/2014 progress report provided by [REDACTED], the patient presents with neck pain "described as aching and constant." The diagnoses are cervical pain /cervicalgia and Myofascial pain syndrome/ Fibromyalgia. An exam on 02/18/2014 indicated a decrease cervical range of motion and tenderness. M.R.I dated 01/14/2013 revealed uncovertebral joint disease with mild flattening of the thecal sac at C4-C5 and C5-C6 levels. Also a small broad based protrusion and borderline central canal spinal stenosis was noted at C4-C5 level. [REDACTED] is requesting: Retro: right side cervical medial branch blocks C2-C3 with D.O.S. 01/02/2014, Retro: right side cervical medial branch blocks C3-C4 with D.O.S. 01/02/2014, Retro: right side cervical medial branch blocks C4-C5 with D.O.S. 01/02/2014 and Retro: right side cervical medial branch blocks C5-C6 with D.O.S. 01/02/2014. The utilization review determination being challenged is dated 02/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 04/24/2014. Exam on 02/18/2014 indicated a decrease cervical range of motion and tenderness. M.R.I dated 01/14/2013 revealed uncovertebral joint disease with mild flattening of the thecal sac at C4-C5 and C5-C6 levels. Also a small broad based protrusion and borderline central canal spinal stenosis was noted at C4-C5 level. [REDACTED] is requesting: 1. Retro: right side cervical medial branch blocks C2-C3 with D.O.S. 01/02/2014.2. Retro: right side cervical medial branch blocks C3-C4 with D.O.S. 01/02/2014.3. Retro: right side cervical medial branch blocks C4-C5 with D.O.S. 01/02/2014.4. Retro: right side cervical medial branch blocks C5-C6 with D.O.S. 01/02/2014. The utilization review determination being challenged is dated 02/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: RIGHT SIDE CERVICAL MEDIAL BRANCH BLOCKS C2-3 DOS 1/2/14:

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 (ODG), Neck & Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with constant neck pain. The provider has asked for a retro right medial branch blocks of C2-C3 on 02/18/2014. There were no reports or any documentation available to review prior to the requested treatment. Regarding medial branch blocks, MTUS does not address it, but ACOEM chapter 8, page 174-175 and Official Disability Guidelines (ODG) Neck chapter for facet joint injections does address this procedure. If facet joints are to be investigated, ODG guidelines do not recommends no more than 2 joint levels are to be injected in one session. In this case, the request is for 4 level injections. Recommendation is for denial.

RETRO: RIGHT SIDE CERVICAL MEDICAL BRANCH BLOCKS C3-4 DOS 1/2/14:

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 (ODG), Neck & Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with constant neck pain. The provider has asked for a retro right medial branch blocks of C2-C3 on 02/18/2014. There were no reports or any documentation available to review prior to the requested treatment. Regarding medial branch blocks, MTUS does not address it, but ACOEM chapter 8, page 174-175 and Official Disability Guidelines (ODG) Neck chapter for facet joint injections does address this procedure. If facet joints are to be investigated, ODG guidelines do not recommends no more than 2 joint levels are to be injected in one session. In this case, the request is for 4 level injections. Recommendation is for denial.

RETRO:RIGHT SIDE CERVICAL MEDIAL BRANCH BLOCK C4-5 DOS 1/2/14:

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 (ODG), Neck & Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with constant neck pain. The provider has asked for a retro right medial branch blocks of C2-C3 on 02/18/2014. There were no reports or any documentation available to review prior to the requested treatment. Regarding medial branch blocks, MTUS does not address it, but ACOEM chapter 8, page 174-175 and Official Disability Guidelines (ODG) Neck chapter for facet joint injections does address this procedure. If facet joints are to be investigated, ODG guidelines do not recommends no more than 2 joint levels are to be injected in one session. In this case, the request is for 4 level injections. Recommendation is for denial.

RETRO: RIGHT SIDE CERVICAL MEDIAL BRANCH BLOCK C5-6 DOS 1/2/14:
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 (ODG), Neck & Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with constant neck pain. The provider has asked for a retro right medial branch blocks of C2-C3 on 02/18/2014. There were no reports or any documentation available to review prior to the requested treatment. Regarding medial branch blocks, MTUS does not address it, but ACOEM chapter 8, page 174-175 and Official Disability Guidelines (ODG) Neck chapter for facet joint injections does address this procedure. If facet joints are to be investigated, ODG guidelines do not recommends no more than 2 joint levels are to be injected in one session. In this case, the request is for 4 level injections. Recommendation is for denial.