

Case Number:	CM14-0025441		
Date Assigned:	06/13/2014	Date of Injury:	12/01/2003
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 12/1/03 date of injury. At the time (1/21/14) of request for authorization for 1 bilateral C5, C6, and C7 medial branch block and neurosurgeon consultation, there is documentation of subjective (constant neck pain with increased severity and exacerbations, radiating to the shoulder blades and interscapular region with numbness and shooting pains along the posterolateral arms and hands; difficulty sleeping due to pain, and difficulty performing activities of daily living) and objective (tenderness to palpation over the bilateral trapezii, levator scapulae and rhomboids; decreased cervical range of motion, positive Spurling's to the right, hypoesthesia in the posterior arms down to the fourth and fifth fingers, and decreased reflexes of the bilateral upper extremities) findings, imaging findings (MRI of the cervical spine (11/12/13) report revealed a right-sided paramedian disc protrusion with moderate right neural foraminal narrowing at C6-7), current diagnoses (cervical degenerative disc disease with mild spinal stenosis and cervical radiculopathy), and treatment to date (medications and chiropractic therapy). In addition, medical report plan identifies continue medications and conservative treatment measures for pain management. Regarding 1 bilateral C5, C6, and C7 medial branch block, there is no documentation of non-radicular facet mediated pain, failure of additional conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. Regarding neurosurgeon consultation, there is no documentation of electrophysiologic evidence consistently indicating the same lesion and unresolved radicular symptoms after receiving conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) BILATERAL C5, C6, AND C7 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch blocks. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease with mild spinal stenosis and cervical radiculopathy. In addition, there is documentation of cervical pain and failure of conservative treatment (medications and chiropractic therapy). However, given documentation of subjective (constant neck pain radiating to the shoulder blades and interscapular region with numbness and shooting pains along the posterolateral arms and hands) and objective (positive Spurling's to the right, hypoesthesia in the posterior arms down to the fourth and fifth fingers, and decreased reflexes of the bilateral upper extremities) findings, there is no documentation of non-radicular facet mediated pain. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, given documentation of a request for 1 bilateral C5, C6, and C7 medial branch block, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral C5, C6, and C7 medial branch block is not medically necessary.

(1) NEUROSURGEON CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch blocks. Within

the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease with mild spinal stenosis and cervical radiculopathy. In addition, there is documentation of cervical pain and failure of conservative treatment (medications and chiropractic therapy). However, given documentation of subjective (constant neck pain radiating to the shoulder blades and interscapular region with numbness and shooting pains along the posterolateral arms and hands) and objective (positive Spurling's to the right, hypoesthesia in the posterior arms down to the fourth and fifth fingers, and decreased reflexes of the bilateral upper extremities) findings, there is no documentation of non-radicular facet mediated pain. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, given documentation of a request for 1 bilateral C5, C6, and C7 medial branch block, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral C5, C6, and C7 medial branch block is not medically necessary.