

Case Number:	CM14-0030866		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2011
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 54-year-old female with a 2/5/11 date of injury. At the time (2/19/14) of request for authorization for cervical medial branch block under fluoroscopy at right C4-5 and C5-6, as outpatient, there is documentation of subjective (neck pain) and objective (tenderness to palpation over the C4-5 and C5-6 facet joints with pain on cervical motion) findings, current diagnoses (cervical spondylosis and chronic pain), and treatment to date (cervical facet injections at bilateral C4-5 and C5-6 on 8/15/11 with 90% pain relief for 6 months; medications, home exercise program, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block under fluroscopy at right C4-5 and C5-6, as outpatient.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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; Facet joint therapeutic steroid injections.

Decision rationale: The ACOEM Guidelines identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch blocks. The ODG identifies that if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis and chronic pain. In addition, there is documentation of non-radicular facet mediated pain. However, given documentation of previous cervical facet injections at C4-5 and C5-6 with 90% pain relief for 6 months, there is no documentation of a rationale for not proceeding with neurotomy. Therefore, the request is not medically necessary and appropriate.