

Case Number:	CM14-0031658		
Date Assigned:	06/23/2014	Date of Injury:	08/03/2010
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 and is licensed to practice in Minnesota. 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 injured worker is a 45 year old female who reported an injury on 08/03/2010 of unknown mechanism of injury. The injured worker had a history of head, neck, shoulder, upper back, and right elbow pain with a pain level of 4/40 with medication and 7-8/10 without pain medication. The injured worker had a diagnosis of right wrist sprain, right forearm tendonitis, cervical strain, disc protrusion, right mild carpal tunnel syndrome. The magnetic resonance imaging (MRI) dated 05/03/2012 of the cervical spine revealed slight disc space narrowing at the C5, C6 and, C7 with C5-C6 disc bulge with bilateral foraminal encroachment. The medications include Percocet 5/325 mg 4 times a day and Flexeril 10 mg with no dose given. The injured worker had 13 sessions of physical therapy and referral for acupuncture. The treatment of plan is to go see a pain management doctor and bilateral cervical medial branch block. The authorization form was submitted on 06/23/2014 with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical 5 medial branch block QTY: 1.00: 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 Chapter Criteria, Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks; Barnsley, 1993; Lee, 2009; Manchikanti, 2004; Lord, 1996; Washington, 2005; Dreyfuss, 2003; Falco, 2009; Nordin, 2009; Cohen, 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic.

Decision rationale: The Official Disability Guidelines that a medial branch block is limited to injured workers with cervical pain that is that is non-radicular and at no more than two levels. There is documentation of failure of conservative treatment including home exercise, physical therapy and non-steroid anti-inflammatory drugs prior to the procedure for at least 4-6 weeks. The injured worker should have documented pain relief with an instrument such as visual analog scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. The documentation indicated that the injured worker completed physical therapy on 08/13/2013; however the chart notes indicate that she let both the authorization for acupuncture and physical therapy expire because the injured worker stated she had "not had time to schedule". The chart notes from 11/06/2013 also indicated that the drug screen was negative for any opioids. As such the request for Medial Branch Block at the C5 quantity 1 is not medically necessary and appropriate.

Bilateral cervical 6 and 7 medial branch block QTY: 2.00: 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 Chapter Criteria, Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks; Barnsley, 1993; Lee, 2009; Manchikanti, 2004; Lord, 1996; Washington, 2005; Dreyfuss, 2003; Falco, 2009; Nordin, 2009; Cohen, 2010.

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, Facet joint diagnostic blocks.

Decision rationale: The Official Disability Guidelines that a medial branch block is limited to injured workers with cervical pain that is that is non-radicular and at no more than two levels. There is documentation of failure of conservative treatment including home exercise, physical therapy and non-steroid anti-inflammatory drugs prior to the procedure for at least 4-6 weeks. The injured worker should have documented pain relief with an instrument such as visual analog scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. The documentation indicated that the injured worker completed physical therapy on 08/13/2013; however the chart notes indicate that she let both the authorization for acupuncture and physical therapy expire because the injured worker stated she had "not had time to schedule". The chart notes from 11/06/2013 also indicated that the drug screen was negative for any opioids. As such the request for Medial Branch Block at the cervical 6 and 7 quantity 1 is not medically necessary and appropriate.

