

Case Number:	CM14-0032892		
Date Assigned:	03/21/2014	Date of Injury:	07/11/2011
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. 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 Physician 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 reportedly was injured on 07/11/2011 secondary to a motor vehicle accident. She presented with complaints of bilateral neck pain and low back pain. The injured worker has failed conservative measures including physical therapy and NSAIDs. The records reflect that a diagnostic facet medial branch block was performed on 09/19/12 but was not diagnostic of facet mediated pain. According to ██████████ progress notes dated 11/19/13 and 12/12/13, the injured worker has tenderness to palpation overlying the bilateral C2-3, C3-4 and C4-5 facet joints. A 01/14/14 progress note indicates that a request for right C2-3 and C4-5 MBB was denied. Examination on this date and on 02/11/14 again noted tenderness to palpation overlying the bilateral C2-3, C3-4 and C4-5 facet joints. According to utilization review decision dated 01/28/14 a request for diagnostic facet MBB right C5-6 and C6-7 was non-certified, noting that all reports have indicated pain in the neck mostly at the C2-3, C3-4 and C4-5 facet joints. Examination showed that these areas were tender to palpation and pain was aggravated by cervical extension more than flexion. It was further noted that there was no tenderness over the proposed C5-6 and C6-7 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

TR110101 INJECTION: STEROID FLUOROSCOPICALLY GUIDED DIAGNOSTIC FACET JOIN MEDIAL BRANCH BLOCK AT RIGHT C5-C6 AND C6-C7, QTY: 1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER, CERVICAL DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 AND 181, Chronic Pain Treatment Guidelines Page(s): 133.

Decision rationale: The injured worker was involved in a MVA on 07/11/11. The injured worker has been treated conservatively with medications and physical therapy, but continues to complain of neck pain and low back pain. A right C2-3, C4-5 diagnostic MBB was performed in 2012, but was not diagnostic of facet mediated pain. A subsequent request for MBB right C5-6 and C6-7 was requested, but the records do not document findings indicative of facetogenic pain at these levels to support a determination of medically necessary for the proposed diagnostic MBB. According to the MTUS guidelines, the evidence for lumbar and cervical medial branch blocks was moderate. As noted in ACOEM, Neck and Upper Back Complaints, diagnostic facet blocks are not recommended for acute, subacute and chronic regional neck pain.