

Case Number:	CM14-0037935		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2008
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 30-year-old female with date of injury of 07/26/2008. The listed diagnoses per [REDACTED] dated 01/31/2014 are: 1. Shoulder pain. 2. Cervical pain. 3. Spasms. According to this report, the patient complains of neck pain and bilateral shoulder pain. She rates her neck pain 7/10 to 8/10 and bilateral shoulder pains 6/10 to 7/10. With medications, her pain decreases to 5/10. She denies any new injury. The patient is taking her medications as prescribed. She states that medications are working well. Her activity level has increased. The objective finding shows the patient is well nourished, well developed in no acute distress. The patient's gait is normal. Cervical spine range of motion is restricted with flexion, limited to 30 degrees, extension limited to 20 degrees, and more pain on extension. Paravertebral muscle tenderness and a tight muscle band was noted on both sides of the cervical spine. There is also tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscle of the neck with no radicular symptoms. Neurologic examination is normal. Sensation is decreased over the thumb, medial forearm, and lateral forearm on the left side. The utilization review denied the request on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch block at the left C4 per report dated 01/31/2014 Qty: 1.00:
Upheld

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Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with neck pain and bilateral shoulder pain. The treating physician is requesting a diagnostic medial branch block at the left C4,5,6 levels. C4,5,6 medial branches block C4-5 and C5-6 facet joints. The ACOEM Guidelines discuss dorsal medial branch blocks and RF ablations on page 178 footnote. For a more thorough discussion of facet joint diagnostic evaluations, the ODG Guideline is used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The progress report dated 01/31/2014 documents paravertebral muscle tenderness and tight muscle band on both sides of the cervical spine. No radicular symptoms were reported. The treating physician also notes that the patient's previous EMG/NCS report dated 05/29/2013 shows no electrodiagnostic evidence of left cervical radiculopathy, left brachial-plexopathy, or distal left upper extremity mononeuropathy. In this case, the records do not show that the patient has had a previous medial branch block and the requested left C4,5,6 is reasonable. The request is not medically necessary.

Diagnostic medial branch block at the left C5 per report dated 01/31/2014 Qty: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with neck pain and bilateral shoulder pain. treating physician is requesting a diagnostic medial branch block at the left C4,5,6 levels. C4,5,6 medial branches block C4-5 and C5-6 facet joints. The ACOEM Guidelines discuss dorsal medial branch blocks and RF ablations on page 178 footnote. For a more thorough discussion of facet joint diagnostic evaluations, the ODG Guideline is used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The progress report dated 01/31/2014 documents paravertebral muscle tenderness and tight muscle band on both sides of the cervical spine. No radicular symptoms were reported. The treating physician also notes that the patient's previous EMG/NCS report dated 05/29/2013 shows no electrodiagnostic evidence of left cervical radiculopathy, left brachial-plexopathy, or distal left upper extremity mononeuropathy. In this case, the records do not show that the patient has had a previous medial branch block and the requested left C4,5,6 is reasonable. The request is not medically necessary.

Diagnostic medial branch block at the left C6 per report dated 01/31/2014 Qty: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with neck pain and bilateral shoulder pain. The treating physician is requesting a diagnostic medial branch block at the left C4,5,6 levels. C4,5,6 medial branches block C4-5 and C5-6 facet joints. The ACOEM Guidelines discuss dorsal medial branch blocks and RF ablations on page 178 footnote. For a more thorough discussion of facet joint diagnostic evaluations, the ODG Guideline is used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The progress report dated 01/31/2014 documents paravertebral muscle tenderness and tight muscle band on both sides of the cervical spine. No radicular symptoms were reported. The treating physician also notes that the patient's previous EMG/NCS report dated 05/29/2013 shows no electrodiagnostic evidence of left cervical radiculopathy, left brachial-plexopathy, or distal left upper extremity mononeuropathy. In this case, the records do not show that the patient has had a previous medial branch block and the requested left C4,5,6 is reasonable. The request is not medically necessary.