

Case Number:	CM14-0042318		
Date Assigned:	06/30/2014	Date of Injury:	08/15/2007
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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:

This is a 46-year-old male patient with an 8/15/07 date of injury. The mechanism of injury was not provided. A progress report dated on 3/19/14 indicated that the patient complained of neck and shoulder pain, associated with a significant degree of spasms radiating into the both shoulders and between the shoulder blade areas; spasm also radiating to the scalp, causing headache. The patient also complained of lower back and knee pain. Physical exam revealed painful range of motion in the cervical spine. There was also tenderness along the ZA joints of the bilateral upper cervical spine. He was diagnosed with Cervical discogenic disease, Cervical radiculitis, Cervical facet syndrome, and lumbar discogenic disease. MRI dated on 2/13/14 revealed approximately 2 mm of annular disc bulging at C4-5, unvertebral and facet arthropathy at C5-6 that caused mild right greater than left foraminal narrowing, 3-4 mm right paracentral posterolateral disc bulging at C6-7, that was stable without cord contact, canal stenosis, and only mild foraminal narrowing. Treatment to date: medication management, and requested bilateral C2/3 and C3/4 medial branch blocks based upon his current of the neck and shoulder pain, muscle spam and frequent occipital headaches associated with the neck pain. There is documentation of a previous 4/7/14 adverse determination, based on the fact that MRI findings did not correlated with objective findings in regards to foraminal narrowing at the C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two level diagnostic medial branch blocks at C2-3, and C3-4:

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-Facet joint diagnostic blocks.

Decision rationale: CA MTUS states that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG states that diagnostic medial branch blocks are indicated with 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 are injected in one session. The patient presented with the pain in neck and shoulders, associated with a significant degree of spasms radiating into the both shoulders and between the shoulder blade areas, spasm also radiating to the scalp, causing headache. MRI dated on 2/13/14 demonstrated unconvertibral and facet arthropathy at C5-6 that caused mild right greater than left foraminal narrowing. However, the patient requested for medial branch block at C2-3 and C3-4 levels for neck and shoulder pain, muscle spasm and frequent occipital headaches, associated with the neck pain. In addition, the requested level of medial branch block was inconsistent with the MRI study result. Therefore, the request for a two level diagnostic medial branch blocks at C2-3, and C3-4 was not medically necessary.