

Case Number:	CM14-0042349		
Date Assigned:	06/30/2014	Date of Injury:	10/08/1992
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 10/08/1992. The mechanism of injury was not provided for review. The injured worker ultimately underwent anterior cervical spine fusion surgery at C5-7 in 04/1999. The injured worker was evaluated on 02/28/2014. The injured worker complained of 9/10 neck pain with no significant relief with treatment. Physical findings included tenderness to palpation of the cervical spine. The injured worker's diagnoses included cervicalgia, myalgia, and post laminectomy syndrome. A request was made for a C4 and C5 diagnostic medial branch block to assess the injured worker's appropriateness for radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block With Fluoroscopy C4, C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections (diagnostic).

Decision rationale: ACOEM Guidelines recommend diagnostic facet injections to assess the appropriateness of a radiofrequency ablation. The Official Disability Guidelines further state that diagnostic medial branch blocks should be provided to patients with well documented facet mediated pain. The clinical documentation submitted for review does not clearly identify that the patient's pain is facet mediated at the C4-C5. Additionally, Official Disability Guidelines do not recommend facet blocks, where previous fusion has been performed. The clinical documentation does indicate that the patient is fused from C5-7. Therefore, a facet injection would not be supported by guideline recommendations at the C5. Furthermore, the clinical documentation fails to provide any evidence that the patient has undergone any aggressive active therapy within the last 4-6 weeks prior to the request. In the absence of this information, the request is not medically necessary.