

Case Number:	CM14-0049031		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2007
Decision Date:	09/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 45-year-old female with date of injury of 03/07/2007. The listed diagnoses per [REDACTED] dated 02/25/2014 are: 1. Status post concussion, posttraumatic headaches, posttraumatic dizziness, and posttraumatic tinnitus, especially in the right. 2. Cervical strain right greater than left, right cervical radiculopathy. 3. Status post right shoulder open repair on 09/04/2013 per [REDACTED], currently under postoperative care. 4. Right elbow strain with lateral epicondylitis and medial epicondylitis with evidence of some cubital tunnel syndrome. 5. Right wrist and hand strain with evidence of right carpal tunnel syndrome clinically. 6. Lumbar strain, right greater than left with lumbar radiculopathy. 7. Right hip strain. 8. Depression and anxiety. According to this report, the patient complains of headaches mostly in the right side in the vertex and occipital area radiating to the frontal area with photophobia and phonophobia. She also complains of dizziness and ringing in the ear. She reports neck pain, right greater than the left, increased by repetitive neck movement, prolonged positioning of the neck or strenuous activity. The physical examination shows the patient has a mildly antalgic gait due to low back and hip pain. Palpation of the paracervical muscles showed muscle spasms or tightness greater on the right than the left. There is also tenderness of the paracervical muscles greater on the right than the left. Active range of motion upon flexion is 100% of normal. Extension is 80% of normal. Right lateral flexion is 70% of normal and left lateral flexion is 90% of normal. Spurling's sign is positive on the right side producing right shoulder and scapular pain. Carpal tunnel compression test is positive on the right and left producing numbness and tingling. The utilization review denied the request on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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 Facet joint signs and symptoms.

Decision rationale: This patient presents with neck pain, headaches, dizziness, and ringing in the ear. The provider is requesting a medial branch block of the cervical spine. The ACOEM Guidelines discusses dorsal medial branch blocks and RF ablations on page 178 footnote. For more thorough discussion of facet joint evaluations, the ODG Guidelines 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 injected. The progress report dated 02/25/2014 notes paracervical muscle tightness right greater than the left and tenderness of the paracervical muscles greater on the right than on the left. Spurling's maneuver was positive, a typical indication of radiculopathy. However, the provider notes that pain was reproduced only in the shoulder and scapular region. Given that the patient's pain is limited to lateralized region with no radicular symptoms or sensory findings, facet joint investigation appears reasonable. Unfortunately, the request does not specify which levels. ODG supports evaluation of no more than two levels. Given the lack of request for which levels to be investigated, recommendation is for not medically necessary.