

Case Number:	CM14-0055602		
Date Assigned:	07/09/2014	Date of Injury:	08/29/2013
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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, 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 injured worker is a 36-year-old male who reported an injury on 8/29/13. The injury occurred when he was sitting in an airplane seat and something came out of an overhead compartment, striking him on top of his head and causing an extension rotation injury to his neck and his low back. His diagnoses included acute and chronic cephalalgia and history of head injury on 8/29/13. Past therapies included conservative therapy, medications, heat and ice treatment, chiropractic treatment, and physical therapy, none of which have provided any benefit to him. Diagnostic studies include a cervical MRI dated 12/4/13 which showed congenital spinal stenosis due to short pedicles, moderate to severe left neuroforaminal stenosis with encroachment upon the left C6 nerve root, and moderate left neuroforaminal stenosis upon the exiting left C5 nerve root. There was no surgical history provided. The injured worker's exam of his neck showed significant limitation of rotation and range of motion particularly with extension and rotation toward the left side. There was tenderness to palpation over the left sided cervical facet joints but not over the right. Exam of his low back showed three-quarters of an inch of pelvic tilt, left side lower. He was in exquisite pain with extension and rotation at the lumbar spine on the left side only. He had limitation of flexion and extension, and internal rotation of the left hip compared to the right. Straight leg raise and faber test were negative. He had tenderness to palpation over the left lower lumbar facet area. The injured worker had some pain radiating down his arm that was minor in nature. Current medications include gabapentin, hydrocodone, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Medial Branch Block C3-4, C4-5 and C5-6: Upheld

Claims Administrator 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) Integrated Treatment/Disability Duration Guidelines, Facet Joint, Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Facet joint diagnostic blocks; Facet joint pain, signs and symptoms.

Decision rationale: The California MTUS/ACOEM guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4-6 weeks and no more than two facet joint levels should be injected in one session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than two levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The request was for three levels, and there was a lack of documentation as to the injured worker's response to any previous conservative treatment, or of participation in a home exercise program. As such, the request is not medically necessary.