

Case Number:	CM14-0059915		
Date Assigned:	07/09/2014	Date of Injury:	01/09/2007
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 66-year-old female with a 1/9/07 date of injury. The mechanism of injury was repetitive movements while performing her usual and customary work duties resulting in neck pain. According to a 3/18/14 progress note, the patient complained of intermittent neck pain that radiates to the bilateral upper extremities more on the right side. The patient has motor weakness in the bilateral upper extremities. The patient also complained of low back pain that radiates to the bilateral lower extremities and bilateral wrist pain. She described her pain as a dull and throbbing pain that is moderate-to-severe in severity, rated 7/10. Objective findings: spasm in the bilateral trapezius muscle and bilateral paraspinous muscle at the C4-C7 level; spinal vertebral tenderness bilaterally was noted in the cervical spine at the C4-C7 level; decreased sensation in the bilateral upper extremities along the C4-C7 dermatomes, range of motion (ROM) of cervical spine was limited secondary to pain; noted spasm in the bilateral paraspinous muscle at the L4-S1 level; spinal vertebral tenderness bilaterally was noted in the lumbar spine at the L4-S1 level; ROM of the lumbar spine was limited secondary to pain; decreased sensation in the bilateral lower extremities along the L4-S1 dermatome. Significant findings from an MRI report dated 11/19/12: C4-5, C5-6, C6-7, and C7-T1: 3mm posterior endplate osteophytic ridge; bilateral uncovertebral joint arthrosis, and facet degeneration; severe degree of multi-level bilateral foraminal stenosis at C4-5 through C6-7; moderate to severe degree of foraminal stenosis at C7-T1; moderate degree of spinal stenosis, greatest at C6-7 due to accentuation of the endplate osteophytic ridge to the right. Diagnostic impression: cervical disc degeneration, cervical spinal stenosis, cervical facet arthropathy, lumbar disc degeneration, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, chronic pain other, bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification, cervical epidural steroid injection (ESI), physical therapy and acupuncture. A UR decision dated

3/31/14 denied the request for cervical medial branch nerve blocks. The specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Nerve Block at bilateral C5-C7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Facet joint diagnostic blocks Other Medical Treatment Guideline or Medical Evidence: Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 181-183.

Decision rationale: CA MTUS states that diagnostic facet joints injections 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, Physical Therapy and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. It is noted that the patient has pain that radiates down the right upper extremity region in C5, C6, and C7 nerve root distribution. In addition, sensory exam showed decreased touch in the bilateral upper extremities along the C4-C7 dermatomes. Guidelines do not support medial branch blocks in the presence of radicular pain. Therefore, the request for Cervical Medial Branch Nerve Block at bilateral C5-C7 was not medically necessary.