

Case Number:	CM14-0060275		
Date Assigned:	07/09/2014	Date of Injury:	10/17/2001
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Washington State. 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 44-year-old female who reported injury on 10/17/2001, the mechanism of injury was not provided. On 04/29/2014, the injured worker presented with left neck and shoulder pain. Upon examination, there was decreased bilateral cervical rotation, positive bilateral cervical facet loading, positive tenderness to palpation to the bilateral cervical spine, and positive upper myofascial spasms, with absent deep tendon reflexes, decreased tenderness to palpation over the cervical spine over the C4-8 and 4/5 motor strength bilaterally. Prior treatment included medications and surgery. The diagnoses were post cervical fusion, worsened radiculopathy, cervical, and myofascial strain. The provider recommended a cervical medial branch block bilaterally at C5, C6, and C7. The provider's rationale was not provided. The request for authorization form was dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block at Bilateral C5, C6, C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Facet joint diagnostic blocks.

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, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Guidelines state that diagnostic blocks are not recommended. The Official Disability Guidelines further state a diagnostic block is recommended prior to facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Although it is suggested that a medial branch block and intra-articular blocks appear to provide temperable diagnostic information, the results of placebo controlled trials of neurotomy found better predictive effect with diagnostic medial branch blocks. The criteria for use for a diagnostic block includes 1 set of diagnostic medial branch blocks as required with a response of 70% decrease in pain for approximately 2 hours, limited to the injured worker with cervical pain that is nonradicular and at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment, no more than 2 joint levels are injected in 1 session, and a diagnostic facet block should not be performed in injured worker's in whom a surgical procedure is anticipated. The included medical documentation lacked evidence of a Spurling's test over the cervical spine for the injured worker. There are sensory deficits over the C4 to C8 and decreased cervical rotation. However, there is not enough information as to the injured worker having failed conservative treatment to include medication and physical therapy and no evidence of a treatment plan to include performing a radiofrequency neurotomy if the medial branch block is successful. As such, the request is not medically necessary.