

Case Number:	CM14-0061377		
Date Assigned:	07/09/2014	Date of Injury:	07/29/2011
Decision Date:	08/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 60-year-old female who reported an injury on 07/29/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/10/2014 indicated a diagnosis of cervical spondylosis. The injured worker reported pain in the posterior neck on the right side that radiated to the arm on the right side. The injured worker rated her pain 6/10. The injured worker reported her pain was under poor control. She described it as continuous but variable intensity and the frequency of pain was daily. The injured worker described the quality of pain as aching, burning, electric shock-like, sharp, stabbing, throbbing and shooting. The injured worker reported numbness and tingling in the right arm. The injured worker reported pain kept her awake at night. The injured worker reported standing, walking and physical activities increased the pain, and heat decreased the pain. The injured worker reported she had a transforaminal cervical epidural steroid injection on 03/26/2014 but she was unsure if it helped manage her pain. The injured worker reported it did not help improve her ability to function. Physical examination of the cervical spine the injured worker had restricted rotation, tenderness to the paraspinal on the right. The injured worker's prior treatments included diagnostic imaging, epidural steroid injections, physical therapy and medication management. The injured worker's medication regimen included tramadol, Advair, and albuterol. The provider submitted a request for a medial branch block to the right C3, C4, C5, two sets of blocks. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB Right C3, C4, C5 2 sets of blocks (initial and confirmatory): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Facet joint diagnostic blocks.

Decision rationale: The request for MBB Right C3, C4, C5 2 sets of blocks (initial and confirmatory) is not medically necessary. The CA MTUS/ACOEM guidelines on Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) 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. The Official Disability Guidelines for diagnostic facet injections may be appropriate when the clinical presentation is consistent with facet joint pain. The guidelines state that only one set of diagnostic medial branch blocks is required prior to neurotomy, with a response of 70%. Additionally, injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; and documentation should show failure of conservative treatment including home exercise, PT and NSAIDs for at least 4-6 weeks. The injured worker reported pain in the posterior neck that radiated to the right arm described as aching, burning, electric shock-like, sharp, stabbing, shooting, numbness and tingling clearly radicular. According to the guidelines injections should be limited to patients with cervical pain that is nonradicular. In addition, there should be no more than 2 levels bilaterally. The request is for C3, C4, C5 and 2 sets of blocks that exceed the guidelines recommendations. Therefore, the request for medial branch block right C3, C4, C5 two sets of blocks is not medically necessary.