

Case Number:	CM14-0063848		
Date Assigned:	07/11/2014	Date of Injury:	10/28/2012
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is 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 55-year-old male with a 10/28/12 date of injury, when he was involved in a motor vehicle accident (MVA), which he was rear-ended by another vehicle. The progress note from 3/21/14 described cervical tenderness, spasms, and restricted range of motion. There were complaints of left upper extremity pain and paresthesias. The progress note from 2/18/14 described neck pain with painful rotation and there was a positive Kemp test. There was a MRI from 2/3/14 that revealed degenerative changes at C5-6 and C6-7; mild central canal stenosis, lateral recess narrowing, right neural foraminal narrowing at C5-6 and right uncovertebral spondylosis at C6-7. On 02/01/14 there was an ESI performed which provided 3-4 days of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Medial Branch Block at C5, C6 and C7 2, cervical radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and

Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181-183.
Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) ODG
Neck and Upper Back Chapter.

Decision rationale: A request for medial branches blocks and RFA in the cervical spine obtained an adverse determination, as there were no recent progress notes from the requesting provider, documenting subjective/objective findings, indicating necessity for the requested procedure. MTUS states that facet joints 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. Medial branch blocks serve a diagnostic purpose, establishing facet mediated pain prior to proceeding with RFA. However, the provided progress notes described radicular type pain, with no discussion of facet mediated pain. Furthermore, RFA cannot be supported before MBB prove to be positive diagnostically. Therefore the requests are not medically necessary.