

Case Number:	CM14-0065802		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2013
Decision Date:	08/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 request for a patient who is 37 years old with a date of injury to his neck on 8/29/13 when he sustained acute trauma while traveling and a suitcase fell from the luggage rack overhead. This is a request for Left Cervical Medial Branch Block C3-C4, C4-C5 and C5-C6. He completed the flight; after the flight landed he was taken to a local Emergency Department and diagnosed with a concussion. He was then followed by an orthopedist for complaints of pain in the head, pain to the left side of the neck, left side of the spine and down the left extremities and the left hand and foot. There were paresthesias in the left foot and hand. He has had treatment with analgesics, anti-inflammatories, Lexapro, physical therapy and a neurology consultation. MRI of the neck on 12/4/13 did show some encroachment on the exiting left C5 and C6 nerve roots. Pain management report of 2/25/14 documents complaints of pain left side of the neck, occipital headaches, limitations in motion particularly with extension and rotation torque left side. There is tenderness over the left sided facet joints on the right. There is poorly described pain radiating down the arms towards the little fingers. This is much less than the axial component of his pain and minor in nature. Medications were gabapentin, Hydrocodone. In the assessment it states that there is left-sided facet pain involving C3-4, C4-5 and C5-C6. It is felt that the radiating pain down the arm is minor in nature and does not correlate with the MRI because symptoms are more in the C8 distribution. There are no changes in reflexes or sensation. The report states that the physical exam is positive for cervical facet pain as the mechanism of injury. The request is for medial branch blocks C3-4, C4-5 and C5-6 facet joints. There is no mention of the reason the 3 levels are being requested.

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-C4, C4-C5 and C5-C6: 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 (ODG) Official Disability Guidelines, Neck and Upper Back Chapter.

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 blocks; facet joint signs and symptoms.

Decision rationale: ACOEM guidelines do not recommend facet injections of corticosteroid or diagnostic blocks. However, ODG does support diagnostic blocks for facet nerve pain in the cervical spine limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There is cervical pain here but there is also mention of some inconsistent left arm pain that goes all the way to the fingers. The report does emphasize that the primary pain is axial however and there is no objective corroboration for any neurologic deficits in the arms consistent with a cervical radiculopathy. Otherwise the physical examination with the pain on extension and leftward rotation and tenderness to palpation does support that the facet joints are probably pain generators here. However there is no support in ODG for injecting the 3 levels requested. The ODG guidelines only support no more than 2 levels being injected. Thus even if the right arm pain complaints are not considered to be significant, this request still does not meet guideline criteria because it is for 3 levels. Therefore, based upon the evidence provided in the guidelines this request is not considered to be medically necessary.