

Case Number:	CM14-0068532		
Date Assigned:	07/14/2014	Date of Injury:	05/04/2011
Decision Date:	08/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 56-year-old male with a date of injury of 05/04/2011. The listed diagnoses per the treating physician are, complex regional pain syndrome, sprain of thumb, lateral epicondylitis and impingement syndrome of shoulder (now, postop from 03/07/2012). According to progress report 06/12/2014 by the treating physician, the patient presents with chronic neck pain. The examination of the cervical spine revealed left rotation at 70 degrees with pain and right rotation is 80 degrees. The forward flexion is chin to chest. The extension is 50% with pain with radiation down the right arm. There is a positive Spurling's to the right which duplicates the sensory symptoms in the right middle and ring finger. The EMG/NCV was done for the right upper extremity on 06/19/2012 which showed electrical instability at the C5-6 paraspinal muscles. Nerve testing was normal for the median, ulnar, and radial nerves. Cervical MRI from 08/17/2013 revealed left lateral disk protrusion at C6-C7 level compromising the left neuroforamen. The treating physician is requesting a medial branch blocks of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block by pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back-Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Facet Joint Signs and Symptoms chapter.

Decision rationale: This patient presents with chronic neck pain that radiates down the right arm. The patient has a positive Spurling's test to the right which duplicates the sensory symptoms in the right middle and ring fingers. The ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal medial branch blocks as well as radiofrequency ablations on pages 300 and 301. The ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, multiple progress reports indicate the patient has radicular pain that radiates down the right arm and into the right middle and ring fingers. The MTUS does not recommend facet injections for patients with radicular pain. Furthermore, the treating physician does not specify the levels to be injected. Recommendation is for denial. As such, the request is not medically necessary.

