

Case Number:	CM14-0089376		
Date Assigned:	07/23/2014	Date of Injury:	05/03/2013
Decision Date:	12/31/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 62 year old female with date of injury 5/3/13. The most recent treating physician report dated 5/22/14 indicates that the patient complained of right-sided neck pain, left buttock pain and left heel pain, along with headaches. The physical examination findings reveal cervical and lumbar paraspinal spasm, tenderness and cervical facet loading is positive on the right side. Prior treatment history includes physical therapy, TENS, exercise, right shoulder injection, EMG/NCS of the bilateral lower extremities and MRI of the lumbar spine; however, no results from this imagining were provided for review. The current diagnoses include cervical pain; cervical facet syndrome; post-concussion syndrome; spasm of muscle; and thoracic/lumbosacral neuritis/radiculitis unspec. The utilization review report dated 6/3/14 denied the request for medial branch block C5, C6, and C7; joints 3; nerves 3; side right based on Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block C5, C6, and C7; joints 3; nerves 3; side right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter, Facet Joint Diagnostic Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks ODG Online Neck & Upper back chapter

Decision rationale: The patient presents with chronic neck pain and headaches. The current request is for medial branch block C5, C6 and C7; joints 3; nerves 3; side right. The treating physician report dated 5/22/14 states, "Request: Right C4, C5, C6, and C7 to address facetogenic pain; if diagnostic will proceed to RFA." The MTUS guidelines do not address cervical medial branch nerve blocks. The Official Disability Guidelines (ODG) does recommend facet joint diagnostic blocks. The criteria for the injection is that the patient must have cervical pain that is non-radicular and at no more than two levels bilaterally and no more than 2 joint levels are injected in one session. In this case, the treating physician has recommended a block at C5, C6 and C7. Three medial branch blocks covers 2 facet joint levels because of the medial branch overlap, which in this case, the C5/6 and C6/7 facet joints. The treating physician has documented cervical facet tenderness, failure to improve with conservative care, and lack of cervical radiculopathy. The request is for two facet joint levels. Therefore, based on the medical evidence and the guidelines, this request is medically necessary.