

Case Number:	CM14-0094020		
Date Assigned:	07/25/2014	Date of Injury:	08/12/2009
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain Management & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 47 year old female who reportedly was injured on 08/12/09 secondary to cumulative trauma. The injured worker described insidious onset of right arm numbness progressed to pain in right neck and arm. She is status post C5 to C7 anterior cervical fusion in August 2011, and reportedly developed frozen shoulder on the right. Progress report dated 05/28/14 notes that the injured worker is seen for neck pain radiating down the right upper extremity. She rates her pain 4/10 with medications and 7/10 without medications. Current medication is listed as Nucynta. Physical examination demonstrated: cervical spine revealed no cervical lordosis, asymmetry or abnormal curvature, range of motion is restricted with flexion to 35 degrees, right and left lateral bending to 15, lateral rotation to left 40 and right 50, normal extension; there is hypertonicity, tenderness, and tight muscle band and right greater occipital nerve region tenderness to palpation on the right side, spurling's maneuver causes pain in the muscles in the neck but no radicular symptoms; biceps, triceps and brachioradialis reflexes are 1/4 on right and left side; tenderness to palpation to bilateral facets, and positive pain with facet loading, motor testing was limited by pain to right upper extremity; finger flexor was 4+/5 on right and 5/5 on left, grip was 4/5 right and 5/5 left, finger extensor was 4/5 right and 5/5 left, wrist flexor and extensor was 4/5 right and 5/5 left; elbow flexor and extensor was 4-/5 right and 5/5 left, shoulder abduction was 4-/5 right and 5/5 left, light touch sensation was decreased over the C5 and C6 upper extremity dermatomes on the right. Diagnoses include cervical facet syndrome; adhesive capsulitis; post cervical laminectomy syndrome; cervical radiculopathy. The records indicate that the injured worker had C6 transforaminal epidural steroid injection (TFESI) on 03/29/13, but there is no indication regarding her response to this injection. The records also indicate that the injured worker had right C4 to C6 facet nerve block on 10/11/13 and experienced 75 percent relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at the C3,C4 and C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines reflect that invasive techniques such as facet blocks have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines (ODG) note that diagnostic medial branch blocks should be limited to patients with cervical pain that is nonradicular in nature and at no more than two levels bilaterally, and who have failed at least four to six weeks of conservative treatment prior to the procedure. The injured worker in this case has undergone a previous diagnostic medial branch block (MBB) with 75 percent pain relief noted. There is no indication as to why cervical neurotomy was not done following successful MBB. Most recent examination revealed findings consistent with cervical radiculopathy. Based on the clinical information provided, medical necessity is not established for the requested medial branch block at the C3, C4 and C5 due to radicular findings and history of prior diagnostic medial branch block. The request is not medically necessary and appropriate.