

Case Number:	CM13-0064362		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2013
Decision Date:	02/28/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 38 year old male who sustained a work related injury on March 6, 2013 while working as a truck driver. Mechanism of injury was a truck accident. He sustained injuries to his neck, left shoulder, lower back and a laceration of the head. An MRI of the cervical spine dated September 11, 2013 revealed a posterior and right paracentral herniation and a broad based posterior herniation of cervical six-cervical seven discs causing mild narrowing of the central canal and neural foramina bilaterally. There was also a mild diffuse bulge of cervical three-cervical four and cervical four-cervical five discs, without any significant central canal of neural foraminal narrowing. A physicians report dated November 13, 2013 notes that the injured worker experienced bilateral neck pain with radiation to the bilateral trapezius muscles. Pain level was noted to be a five-six out of ten on the Visual Analogue Scale. Conservative treatment included physical therapy, chiropractic sessions, traction, a transcutaneous electrical nerve stimulation unit and heat with some improvement. The injured worker was taking Motrin for the pain, which improved the pain by forty percent. Physical examination showed the injured worker to have tenderness over the facet and paracervical areas with mild spasm. A positive facet loading of the bilateral neck was noted. There was decreased biceps, triceps and brachioradialis reflexes bilaterally of the cervical area, rated at a two out of four. Spurling's test was guarded on both sides. Diagnoses include neck pain, spondylosis without myelopathy, degenerative disc disease of the cervical spine and displacement of disc without myelopathy. Work status was modified. The treating physician requested a left cervical four-cervical five and cervical five-cervical six medial branch block. Utilization Review evaluated and denied the

request on November 22, 2013. Based on the MTUS, Neck and Upper Back Complaints and ACOEM Occupational Medicine Practice Guidelines the medical necessity of the request was not established. The documentation does not contain imaging studies supporting the presence of facet arthropathy or examination findings to support the injured workers pain is primarily facetogenic in nature with radicular symptoms, which is criteria for the performance of facet injections. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5, C5-6 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Neck section, Medial branch blocks

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, left C4-C5, C5-C6 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8- 8) The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured workers working diagnoses are neck pain; spondylosis without myelopathy; cervical spine degenerative disc disease; and displacement of disk without myelopathy. The injured worker complains of bilateral neck pain with radiation to the bilateral trapezius for eight months. Objectively, the cervical spine shows mild spasm with facet and paracervical tenderness. The injured worker received prior physical therapy and chiropractic manipulation. MRI shows a 4 mm herniated disc at C5-C6 and C6-C7 and the smaller dispose at C3-C4 and C4-C5. The documentation does not contain evidence of objective functional improvement for non-improvement as it pertains to failure of conservative treatment. This includes home exercise, physical therapy and nonsteroidal anti-inflammatory drugs. Additionally, the injured worker has radicular symptoms with pain radiating from the neck into the trapezius. The ACOEM does not recommend facet injections of steroids or diagnostic blocks (table 8- 8). Consequently, absent criteria/documentation to support left C4-C5 and C5-C6 medial branch blocks, left C4-C5, C5-C6 medial branch block is not medically necessary.