

Case Number:	CM14-0111934		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2002
Decision Date:	01/29/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Rehab, 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 55-year-old female with a date of injury of 04/18/2002. According to treatment report dated 03/19/2014, the patient presents with pain in the lower posterior cervical area. Symptoms are described as throbbing, aching, dull, and stabbing. Symptoms are alleviated by pain medication and exasperated by prolonged sitting, extension, flexion, and turning head right to left. Examination revealed height is 5 feet 4 inches, weight is 105 pounds, blood pressure is 120/69 mmHg. "General Appearance - Overall well-nourished, well-developed, and no acute distress, appears stated age." The listed diagnoses are:1. Cervicalgia.2. Cervical radiculopathy.3. Cervical degenerative disk disease.4. Cervical stenosis.An X-ray of the cervical spine was reviewed which showed kyphotic deformity, C4-C5 spondylosis present, and C3 to C5 DDD. MRI of the cervical spine was also reviewed which showed a C3 to C7 DDD and C6-C7 facet arthropathy, DDD resulting in moderate central stenosis. The treating physician states that the majority of her pain on this date is axial cervical spine pain and her myelopathic symptoms appear stable. He would like to refer patient to [REDACTED] or [REDACTED] for facet joint injections. This is a request for bilateral cervical medial branch block at the levels of C4, C5, and C6 under fluoroscopy. The utilization review denied the request on 06/18/2014. Treatment reports from 01/03/2014 through 06/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral cervical medial branch block at the levels of C4, C5 and C6 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Facet joint diagnostic blocks.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for 1 bilateral cervical medial branch block at the levels of C4, C5, and C6 under fluoroscopy. For facet blocks, ACOEM Guidelines does not support facet joint injections for treatments, but does discuss dorsal medial branch blocks and RF ablations following that on page 300 and 301. For more thorough discussion, ODG Guidelines is consulted. The ODG guidelines Neck and Upper Back chapter for cervical facet joint diagnostic blocks state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For facet joint pain, signs and symptoms the ODG guidelines state that physical examination findings are generally described as," (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The medical records provided for review do not identify facet joint pain during examination and the patient has been diagnosed with cervical radiculopathy. The current request is not supported by the ODG guidelines and is not medically necessary.