

Case Number:	CM14-0138613		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2013
Decision Date:	03/06/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female sustained a work related injury on 04/15/2013. According to an Agreed Medical Evaluation dated 04/04/2014, the injury occurred when she tripped on some dirt and fell to her knees, striking her head on a metal stake and injuring her right shoulder. She had some bleeding out of her right eye. According to the provider a MRI of the right shoulder on 05/28/2013 revealed a partial tear of the supraspinatus tendon and tendinopathy. The MRI report was submitted for review. The injured worker received cortisone injection and physical therapy. On 12/06/2013, the injured worker underwent a right subacromial decompression and debridement and partial rotator cuff repair. She was referred to physical therapy postoperatively. She continued to have pain and swelling. Present complaints included neck, knee, right shoulder pain and left ankle pain. Pain varied in character from aching to sharp, of medium intensity with some pain the in the shoulder presently constantly. She had stiffness in her right shoulder and had a feeling of weakness in her legs. Diagnoses included abrasion/contusion facial improved, neck pain without radiculopathy, bilateral knee pain, left ankle pain and right shoulder pain status post endoscopic surgery. Objective factors included: right shoulder, healed arthroscopic portals, decreased range of motion and generalized tenderness; neck, tenderness and spasm in the right trapezius without radiculopathy; knees, without any factors and/or findings and left ankle, without any factors and/or findings. The injured worker remained temporarily totally disabled. According to the provider the result of surgery was poor with respect to the right shoulder and needed re-operation with injection and manipulation under anesthesia and an intensive program of physical therapy. According to a progress report dated 05/29/2014, the injured worker

complained of head, neck, bilateral shoulder, right arm, right elbow, right wrist, bilateral knee and bilateral feet pain. Neck pain radiated down to her right upper extremity. Lower back pain radiated down to her left lower extremity. Pain was associated with weakness in the right arm, right hand and bilateral knees. The injured worker reported that the pain in her neck was 50 percent of her pain and the pain in her right arm was 50% of her pain. The pain in her lower back was 70 percent of her pain while the pain in her left leg was 30 percent. The physical examination was consistent with chronic right shoulder pain, strain/sprain current supraspinatus full thickness tear, right neck pain with possible cervical facet syndrome, bilateral knee pain contusion and headache; resolved facial abrasion. According to the provider physical therapy would be deferred until surgical correction has been performed. Physical therapy will be needed in the future for the right shoulder, neck and knees according to the provider. According to a progress report dated 06/26/2014, the provider noted consideration would be given for diagnostic cervical medial branch blocks at the right C3, C4 and C5 levels given the clinical exam and MRI findings consistent with facet arthropathy. If the injured worker obtains 50 percent or better pain relief with each diagnostic median branch nerve block, then she would be a candidate radiofrequency ablation of the tested median branch nerves. The injured worker reported that she was taking Duexis as needed when pain was no longer tolerable and that it decreased pain to a 0-1 on a scale of 0-10. According to the progress note dated 08/21/2014, a MRI performed on 07/17/2014 revealed the cervical spine with mild diffuse bulges at C3-4, C4-5, C5-6 and C6-7 discs, without any significant central canal or neural foraminal narrowing. The bulges measured approximately 2 mm in size. According to the provider, clinical findings included pain on extension and pain with cervical facet pressure. On 08/06/2014, Utilization Review non-certified 1 medial branch blocks at C3, C4 and C5 at right side that was request on 07/29/2014. According to the Utilization Review physician, evidenced based guidelines recommend medial branch blocks, once the criteria have been met. According to the submitted documentation, the injured worker had tenderness to palpation of the right side of her neck with no mention of facet joint pain. There was no documentation that the injured worker had participated and failed physical therapy or a home exercise program for her cervical spine. Also, the injured worker stated that Duexis, a nonsteroidal anti-inflammatory and H2 blocker decreased her pain and inflammation. Without documentation of failure of conservative treatment and no objective signs of faces pain, the request was non-certified. Guidelines cited for this review included ACOEM, Neck and Upper Back Complaints page 174. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch blocks at C3 C4 C5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 174. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & upper back chapter, Medial branch blocks

Decision rationale: The patient presents with neck, bilateral shoulders, right elbow, bilateral knees, and bilateral feet, as per progress report dated 07/24/14. The request is for 1 MEDIAL BRANCH BLOCKS AT C3, C4, C5 AT RIGHT SIDE. The pain is rated 6/10 without medications and 3/10 with medications, as per the same progress report. ODG-TWC, Neck and Upper Back ---- Acute & Chronic ----- Chapter states: "Medial branch blocks: This procedure is generally considered a diagnostic block. While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy ---- if the medial branch block is positive --- .3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.6. No more than one therapeutic intra-articular block is recommended."In this case, the first request for a medial branch block is noted in progress report dated 05/29/14. The treater states that request was based on "clinical exam and MRI findings consistent with facet arthropathy." The treater states that if the patient receives more than 50% pain relief with each medial branch block, he would be candidate for radiofrequency ablation. There is no evidence of radicular pain or stenosis. The progress reports do not discuss prior facet joint injections or medial branch blocks. Given the patient's lateralized cervical pain and no radicular symptoms or sensory changes, the request IS medically necessary.