

Case Number:	CM14-0180235		
Date Assigned:	03/13/2015	Date of Injury:	02/27/2001
Decision Date:	05/11/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 45 year old male, who sustained an industrial injury on 2/27/01. The reported initial complaints are not noted. The injured worker was diagnosed as having cervical spondylosis without myelopathy; pain in joint involving pelvic region and thigh; post laminectomy syndrome; sacroiliitis. Treatment to date has included cervical spine MRI (4/2013); drug screening for medical management; medications. Currently, the PR-2 notes dated 9/15/14 the injured worker complained of low back pain with post laminectomy syndrome. The pain radiates to bilateral buttocks and radiates to the bilateral knees and feet. The pain is described as constant, intermittent, sharp, dull, aching, throbbing, activity related and occurring at rest. Prior treatment has included rest, ice, injections, narcotic pain medications and physical therapy. The provider's request is for Left Cervical C4 - C7 Medial Branch Block. The Utilization Reviewer spoke with the provider of service and recommended two levels only C5-C6 and C6-C7 per MRI findings of Left-sided foraminal narrowing at these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical C4 - C7 Medial Branch Block: 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), www.odg-twc, Section: Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- neck, facet blocks.

Decision rationale: ODG guidelines support facet blocks for; 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records report pain in the neck with positive facet loading but requests more than 2 levels to be treated. ODG guidelines do not support more than 2 levels. As such the medical records do not support the request for 3 levels congruent with ODG guidelines. Therefore the request is not medically necessary.