

Case Number:	CM14-0182685		
Date Assigned:	11/07/2014	Date of Injury:	12/10/2008
Decision Date:	01/06/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Spine Surgery, 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 59-year-old male who reported an injury on 12/10/2008. The mechanism of injury was not included in the documentation submitted for review. Diagnoses were noted to include rotator cuff tear to the right shoulder; cervical and lumbar spine myofascitis; degenerative joint disease of the cervical and lumbar spine; chronic synovitis of the left wrist; rotator cuff tendonitis of bilateral shoulders; AC joint arthritis of bilateral shoulders; scapholunate tear with condyle fracture of the lunate, radius; loose bodies, left wrist; nerve compression in the left elbow; and status post fusion of the cervical spine. The past treatments were not included in the documentation submitted for review. Pertinent diagnostic studies included an x-ray of the cervical spine on 12/19/2008 which revealed no significant changes, an MRI of the cervical spine, which was performed on 07/22/2010 and revealed spondylitic disc disease and spinal canal stenosis at C3-4, C4-5, and C5-6, and an x-ray of the cervical spine which was performed on 05/18/2011 and revealed status post C4-5 and C5-6 interbody fusions, with possible left C3-4 foraminal encroachment. Surgical history was noted to include surgery of the left wrist on 04/16/2009, surgery of the left shoulder on 09/17/2009, and surgery of the left wrist and elbow on 03/25/2010. On 03/05/2014, the injured worker complained of increased pain to the left wrist and severe pain to the right shoulder and neck. Upon physical examination of the cervical spine there was tenderness noted over the cervical paraspinal muscles. Range of motion of the cervical spine showed flexion was 50 degrees, extension was 30 degrees, lateral bending was 30 degrees, and rotation was 35 degrees. Muscle strength was 4/5 in the flexors, extensors, and rotators, and also upon lateral bending. Medications were not included in the documentation submitted for review. The provider recommended the injured worker have a right shoulder arthroscopy and debridement, and possible open cuff repair as soon as possible,

postoperative therapy, and an MRI for the left wrist. The rationale and Request for Authorization were not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4, C5, C6 Medial branch nerve 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); cervical spine section; Facet Blocks/MBBs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet diagnostic Block.

Decision rationale: The request for bilateral C4, C5, and C6 medial branch nerve block is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques, such as injection of facet joints, have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state the use of medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The injured worker stated that he had pain and tenderness to the neck. There is no evidence of neurological deficit upon physical examination within the provided documentation. There is a lack of documentation indicating the injured worker had significant physical examination findings indicative of facetogenic pain including positive facet loading over the requested levels. The requesting physician did not include a recent clinical note with an assessment of the injured worker's condition in order to demonstrate the patient's current presentation. As such, the request is not supported at this time. Therefore, the request is not medically necessary.