

Case Number:	CM14-0200771		
Date Assigned:	12/11/2014	Date of Injury:	03/01/2001
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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:

This 63 year-old patient sustained an injury on 3/1/2001 while employed by [REDACTED]. Request(s) under consideration include Medial Branch Block for Bilateral C6-7. Diagnoses include Lumbosacral Spondylosis s/p lumbar fusion L4-5 on 3/19/13; cervical C4-7 fusion on 8/16/11; and chronic pain syndrome. Conservative care has included medications, therapy, intra-articular facet joint injections at C7/T1, transforaminal lumbar epidural steroid injections at left L4 and L5, and modified activities/rest. Medications list Celebrex, Hydrocodone/APAP, Gabapentin, Senna, Topamax, and Cymbalta. The patient continues to treat for chronic ongoing symptoms. Report of 10/28/14 from the provider noted the patient with continued symptoms. Exam showed unchanged antalgic gait; lumbar and cervical spine decreased range in all planes limited by pain. The request(s) for Medial Branch Block for Bilateral C6-7 was non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block for Bilateral C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

Decision rationale: This 63 year-old patient sustained an injury on 3/1/2001 while employed by [REDACTED]. Request(s) under consideration include Medial Branch Block for Bilateral C6-7. Diagnoses include Lumbosacral Spondylosis s/p lumbar fusion L4-5 on 3/19/13; cervical C4-7 fusion on 8/16/11; and chronic pain syndrome. Conservative care has included medications, therapy, intra-articular facet joint injections at C7/T1, transforaminal lumbar epidural steroid injections at left L4 and L5, and modified activities/rest. Medications list Celebrex, Hydrocodone/APAP, Gabapentin, Senna, Topamax, and Cymbalta. The patient continues to treat for chronic ongoing symptoms. Report of 10/28/14 from the provider noted the patient with continued symptoms. Exam showed unchanged antalgic gait; lumbar and cervical spine decreased range in all planes limited by pain. The request(s) for Medial Branch Block for Bilateral C6-7 was non-certified on 11/19/14. Treatment included meds refill and UDS, repeat left cervical RF. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury of 2001 with ongoing pain and unchanged functional status from previous history of medial branch blocks without change in medication profile or work status. Submitted reports have no indication for failed conservative trial for diagnoses s/p C4-7 fusion, nor were there any clinical findings suggestive of facet arthrosis. Guidelines do not recommend cervical blocks at previous fusion sites as requested here. Criteria per Guidelines have not been met. The Medial Branch Block for Bilateral C6-7 is not medically necessary and appropriate.