MAXIMUS Federal Services

Case Number:	CM14-0205839		
Date Assigned:	12/17/2014	Date of Injury:	09/15/2009
Decision Date:	02/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The patient is a 44 year old female with date of injury 09/15/09. The treating physician report dated 10/21/14 (23) indicates that the patient presents with neck, back, right arm and right shoulder pain. Her lower back pain radiates down her bilateral lower extremities and rates her pain a 6/10 at its best. The patient is currently prescribed Gabapentin and Seroquel. The physical examination reveals in the cervical spine, tenderness to palpation over the posterolateral cervical paravertebral musculature and medial superior trapezius muscles. Cervical spine ROM reveals flexion at 35/50, extension at 35/60, right rotation at 55/80, left rotation at 55/80 and bilateral lateral bend at 35/45 degrees. There is pain with cervical extension and end range rotation. The current diagnoses are: 1.Shoulder Pain (right)2.Cervical Facet Syndrome3.Cervical Strain4.Wrist Pain (right)5.Elbow pain (right) 6.Low Back Pain7.Sacroiliac Pain8.Lumbar Facet Syndrome9.Medical epicondylitis (right)10.Lateral epicondylitits (right)The utilization review report dated 11/5/14 (14) denied the request for Cervical Medial Branch Nerve Blocks based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Nerve Blocks at C4, C5, C6 Levels: Overturned

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), 2014, Neck and Upper Back, Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with back, right shoulder and elbow pain. The current request is for Cervical Medial Branch Nerve Blocks at C4, C5, C6 levels. The MTUS guidelines do not address cervical medial branch nerve blocks. The ODG guidelines do recommend facet joint diagnostic blocks. The criteria for the injection is that the patient must have cervical pain that is non-radicular and at no more than two levels bilaterally, no more than 2 joint levels are injected in one session. In this case the provider has recommended a block at C4, C5 and C6. Three medial branch blocks covers 2 facet joint levels because of the medial branch overlap which in this case is the C4/5 and C5/6 facet joints. There is documentation that the patient underwent EMG/NCV of the right upper extremity on 5/12/10 that was normal. The provider in this case has documented cervical facet tenderness, failure to improve with conservative care, lack of cervical radiculopathy and the request is for two facet joint levels. Therefore, this request is medically necessary.