

Case Number:	CM14-0205859		
Date Assigned:	12/17/2014	Date of Injury:	06/28/2012
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
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. 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:

The patient is a 51 year old male with an injury date of 06/28/12. Based on the 12/04/14 progress report provided by treating physician, the patient complains of neck pain radiating to Right upper extremities. The patient is status-post two-level cervical fusion from C5 to C7 01/27/14. Physical examination of the cervical spine revealed tenderness to palpation over the Right paraspinal muscles and the trapezius. Range of motion was limited, especially on flexion 60 degrees. Patient's current medications include Nortriptyline, Flexeril, Norco, Percocet, Valium and Vistril. Per treater's report dated 07/11/14, the patient to remain off work. MRI of the thoracic spine 08/20/14 shows no focal thoracic disk protrusion, spinal stenosis nor cord compression. MRI of the cervical spine 08/21/14 shows mild central spinal stenosis at C5-6 and narrowing o bilatral C5-6 and the Left 6-7 neural foramina. MRI of the lumbar spine 10/28/14 shows lumbar spondylosis and multilevel neural forminal stenosis. Diagnosis (09/03/14)- Cervical spine pain- Postlaminetomy syndrome, cervical- Thoracic spine pain The utilization review determination being challenged is dated 11/17/14. The rationale follows: "guidelines do not recommend the use of medial branch blocks/facet injections in the thoracic spine." Treatment reports were provided from 05/12/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block, right C7, C8, T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter

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 (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections.

Decision rationale: The patient presents with neck pain radiating to Right upper extremities. The request is for CERVICAL MEDIAL BRANCH BLOCK, RIGHT C7, C8, T1. Patients current medications include Nortriptyline, Flexeril, Norco, Percocet, Valium and Vistril. Patient is not working. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Per progress report dated 09/03/14, treater's reason for the request is "If the patient has pain relief consistent with the action of the local anesthetic, he would then be a candidate for radiofrequency neurotomy." However, ODG guidelines limit blocks for patients with non-radicular cervical pain. This patient presents with radicular symptoms. and at no more than two levels. In this case, the patient presents with radiating pain into the right upper extremity, a radicular pain. Therefore, the request IS NOT medically necessary.