

Case Number:	CM14-0208177		
Date Assigned:	12/22/2014	Date of Injury:	02/27/2001
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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, has a subspecialty in Pain Medicine 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 is a patient of the date of injury of February 27, 2001. A utilization review determination dated December 5, 2014 recommends noncertification of left cervical C4-C7 medial branch blocks. A progress report dated November 11, 2014 identifies subjective complaints of neck pain radiating into the left arm with muscle spasm, weakness, and loss of sensation. Physical examination findings reveal positive Spurling's test in the neck without radicular symptoms. Diagnoses include cervical spondylosis, post laminectomy syndrome in the lumbar spine, and long-term use of medication. The treatment plan states "foraminal stenosis is consistent with some persistent numbness tingling in his fingers. He would likely benefit from cervical epidural steroid injection." The note also recommends left C4, C5, C6, 7 medial branch nerve block.

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) Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet Joint Diagnostic Blocks, Facet Joint Pain Signs and Symptoms, Facet Joint Therapeutic Steroid Injections.

Decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 4 medial branch levels (corresponding with 3 joint levels) clearly, beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. Finally, the patient has radicular complaints and findings. Guidelines clearly recommend against using medial branch blocks in patients with active radiculopathy. As such, the currently requested cervical medial branch block is not medically necessary.