

Case Number:	CM14-0217723		
Date Assigned:	01/07/2015	Date of Injury:	06/11/1995
Decision Date:	05/01/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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 injured worker is a 55 year old female, who sustained an industrial injury on 06/11/1995. She has reported subsequent neck and back pain and was diagnosed with degenerative disc disease of the cervical and lumbar spine, cervicgia and brachial neuritis or radiculitis. Treatment to date has included oral pain medications, epidural steroid injections, a home exercise program and application of heat. In a progress note dated 11/15/2014, the injured worker complained of neck pain and headaches. A request for authorization of cervical medial branch blocks of C2-C3 was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection repeat C2-3 Medial Branch Block to be done at [REDACTED]:
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) Facet Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, Facet therapeutic steroid injections.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for injection repeat at C2-3 medial branch block to be done at [REDACTED]. The patient is s/p C5-6 fusion in 2010 and C6-7 fusion in 2012. CT scan of the cervical spine reveals some degree of neuroforaminal stenosis on the left side at the lower cervical levels, primarily at C5-6 and C6-7. Examination shows no focal tenderness over the cervical spinous processes. The patient has had epidural steroid injection (ESI) at C5-6 on 10/06/14 and another ESI on C2-3 on 11/17/14. Regarding medial branch block, ODG guidelines under Neck chapter, Facet therapeutic steroid injections topic states that "1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, the patient has had fusion at C5-6 and C6-7 in 2010 and 2012 and the request is for facet evaluation at C2-3. However, there is no documentation of palpatory tenderness over the facet joints. The patient has tenderness over the spinous processes. The patient also has had ESI's indicating significant radicular symptoms for which facet evaluations are not recommended. The request IS NOT medically necessary.