

Case Number:	CM15-0007472		
Date Assigned:	01/22/2015	Date of Injury:	11/01/2007
Decision Date:	04/08/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year-old female who has reported neck and left upper extremity symptoms after an injury on 11/01/2007. The diagnoses include brachial neuritis or radiculitis, cervicgia, intervertebral disc degeneration and spondylosis. The cervical spine MRI showed multilevel spondylosis. Treatment to date has included medications and physical therapy. Monthly reports from the treating physician during 2014 reflect ongoing neck, back and shoulder pain, with paresthasias in the legs. The report of 9/3/14 lists "left sided radiculopathy due to cervical spondylosis" with radiating pain and spasm. Medications were Norco, Prilosec, and Soma. There were non-specific references to improvement in function with "medications." There was a failed urine drug screen. There were dermatomal sensory deficits and weakness in the left upper extremity. There was no work status. Per the PR2 of 12/23/2014, there was ongoing neck, back, and shoulder pain. The same physical findings were present. The medial branch blocks were prescribed. The Request for Authorization of 12/29/14 was for "diagnostic MBB C5, C6, and C7 on the right." Subsequent reports from the treating physician in January 2015 do not address the Utilization Review issues regarding the non-certification for the medial branch blocks. On 01/07/2015 Utilization Review non-certified medial branch blocks at right C5, C6, C7 times 3. The MTUS, ACOEM Guidelines were cited. The reviewer noted the presence of radicular findings, lack of a plan for a radiofrequency ablation, and plan for anesthesia during the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Medial Branch Block at right C5, C6, C7 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks.

Decision rationale: The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The Official Disability Guidelines recommends against facet blocks in patients with radicular pain. The treating physician has stated that this injured worker has radiculopathy and radicular pain. The MTUS for chronic pain does not provide direction for facet or medial branch block procedures. The Official Disability Guidelines state that facet joint diagnostic blocks are recommended prior to facet neurotomy. There may be an indication for diagnostic medial branch blocks under the specific conditions listed in the cited guidelines. Specific recommendations include number of levels to be injected, volume of injectate, use of sedatives and analgesics, and monitoring of the acute response to the injections. These issues have not been adequately addressed in the treatment request. The treating physician has not provided sufficient information regarding the specific details of the proposed facet procedure. The available information is not sufficient to show compliance with cited guidelines. All treatment for chronic pain should have the goal of functional improvement, per the MTUS. Any treatment like medial branch blocks and possible radiofrequency ablation should therefore be in the context of specific measures to measure and increase function. This requires an accurate assessment of function, including work status, and specific goals for increasing function. Facet joint diagnostic blocks are not medically necessary based on lack of a sufficiently specific prescription and lack of indications per the cited guidelines.