

Case Number:	CM15-0008347		
Date Assigned:	01/23/2015	Date of Injury:	01/05/2011
Decision Date:	04/20/2015	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: 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:

This 48-year-old female worker sustained injuries to her spine and right shoulder on 1/5/11. As per the progress report dated 5/15/14, she is diagnosed with unspecified disease of the spinal cord, carpal tunnel syndrome, lesion of the ulnar nerve, other acute postoperative pain, causalgia of upper limb, cervical myofascial pain and cervical radiculopathy. Previous treatments include medications, physical therapy, surgery, trigger point injections, epidural steroid injections and muscle relaxants. The treating provider requests bilateral C8, T1 and T2 medial branch block injections. The Utilization Review on 1/7/15 non-certified bilateral C8, T1 and T2 medial branch block injections, citing CA MTUS Chronic Pain Medical Treatment Guidelines, ACOEM and ODG Neck and Upper Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C8, T1, and T2 Medial Branch Block Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Facet Joint Pain, Signs & Symptoms.

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 (Acute & Chronic) Chapter, Facet joint therapeutic steroid injections.

Decision rationale: The patient presents with neck pain rated at 7-8/10. The request is for BILATERAL C8, T1 AND T2 MEDIAL BRANCH BLOCK INJECTIONS. The request for authorization is dated 12/18/14. She states that she had some noticeable improvement in her pain after the recent bilateral medial branch block injection. She, however, started noticing significant pain in the top of her head. The patient has some tenderness to palpation over the bilateral occipital nerves and the proximal cervical myofascial trigger points are tender to touch. No new focal neurological deficits noted. She is not able to tolerate home exercise program as prescribed in physical therapy because of the severe ongoing pain. She is not currently on an exercise regimen. Patient's medications include Carisoprodol, Tramadol, Morphine Sulfate, Percocet, Lyrica, Antivert, Oxycontin, Gabapentin. 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, 12/18/14, treater's reason for the request is, "I will repeat the C8, T1, T2 medial branch block. This will be a diagnostic block. If she has two positive blocks, I will schedule her for radiofrequency ablation." In this case, the treater is requesting a repeat medial branch block to the same nerve location that was previously authorized on 12/05/14, about two weeks prior to this request. At that time, per progress report dated, 11/26/14, treater states, "she will need to have blocking of the C8, T1, and T2 nerves... This will be diagnostic as well as therapeutic block. If she has adequate pain relief, I will schedule her for radiofrequency ablation." It appears the patient has adequate pain relief, as progress report dated 12/18/14, treater documents, "She states that she had some noticeable improvement in her pain after the recent bilateral medial branch block." The patient's pain relief has not been quantified and description of "noticeable improvement" does not meet 70% reduction required by ODG to consider anything more. ODG does not support more than one diagnostic, and the request IS NOT medically necessary.