

Case Number:	CM15-0100882		
Date Assigned:	06/03/2015	Date of Injury:	09/27/1993
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 was a 64 year old female, who sustained an industrial injury, September 27, 1993. The injured worker previously received the following treatments Norco, cervical spine MRI, repeated radiofrequency lesioning left C4, C5 and C2 C2-C3, C3 with a 75 percent relief from pain, medial branch block of C4, C5, right C3, C4, C5, cervical epidural injections, Celebrex, Darvocet, Effexor, Prozac, Morphine, physical therapy, surgery, activity modification, Cymbalta, Gabapentin, Trazodone, Voltaren gel, physical therapy did not help and a two level ACDF C5-C6 and C6-C7 surgery was not helpful and vocational rehabilitation. The injured worker was diagnosed with cervical fusion ACDF of C5-C7 in 1995, chronic pain syndrome, cervical spondylosis without myelopathy, degeneration of the cervical intervertebral disc, displacement of cervical intervertebral disc without myelopathy, obesity, dietary surveillance with counseling and insomnia. According to progress note of May 4, 2015, the injured workers chief complaint was increased bilateral neck pain, right worse than the left, neck stiffness and headaches and cervicogenic. The physical exam noted tenderness sub-occipital/occipital tenderness bilaterally. There was moderate tenderness over the mid cervical facets on the right greater than the left. The facet testing was positive bilaterally of the cervical spine. There was cervical vertebral tenderness. The treatment plan included a right C3, C4 and C5 diagnostic medial branch block under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right C3, C4 and C5 diagnostic medial branch block under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks; Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181. 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 a repeat medial branch block, clearly beyond the one set recommended by guidelines. Therefore, the currently requested cervical medial branch block is not medically necessary.