

Case Number:	CM15-0102624		
Date Assigned:	06/05/2015	Date of Injury:	02/08/2014
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/28/2015

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:

The injured worker is a 32-year-old male who sustained a work related injury February 8, 2014. Past history included bilateral carpal tunnel release. According to a treating physician's follow-up report, dated May 13, 2015, the injured worker presented with complaints of increased neck pain and low back pain. The neck pain is located on the left side radiating to the left shoulder and scapular area. He rates the pain 7/10 without medication and 6/10 before medication. He had received facet injections without benefit in the past, physical therapy nine months ago and chiropractic treatment, both beneficial. He is exercising at a gym and his medications have been helpful, primarily Norco, and as needed gabapentin. An MRI of the cervical spine, dated March 19, 2014 (report present in the medical record), revealed a 2-3mm disc protrusion at C3-4, begins midline and extends into the left neural foraminal exit zone, resulting in a mass effect upon the left lateral aspect of the cord compromising the left exiting nerve root. Impression is documented as cervical discogenic/facetogenic pain; cervical radiculitis without radiculopathy; mild bilateral carpal tunnel syndrome; myalgia; chronic pain syndrome. Treatment plan included acupuncture for the cervical spine Amitriptyline for sleep and at issue, the request for authorization for dorsal medial branch block left C4-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Medial Branch Block of left C4-C5 Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Blocks for facet Mediated pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Review indicates MRI of cervical spine on 3/19/14 showed disc protrusion with mass effect and nerve impingement on left lateral side. EMG/NCV of 7/10/14 showed cervical radiculopathy. Guidelines clearly do not support facet blocks for acute, sub acute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended as in this case with requests for C4, C5, C6, and C7. Clinical symptoms and EMG were positive for cervical radiculopathy, a contraindication for medial branch blocks and there is no MRI report provided for review to indicate significant facet arthropathy, but showed disc protrusion with nerve impingement. Submitted reports have no indication for failed conservative trial for diagnoses of cervical complaints. Criteria per Guidelines have not been met. The Dorsal Medial Branch Block of left C4-C5 Qty 1 are not medically necessary and appropriate.

Dorsal Medial Branch Block of left C5-C6 Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Blocks for facet Mediated pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Review indicates MRI of cervical spine on 3/19/14 showed disc protrusion with mass effect and nerve impingement on left lateral side. EMG/NCV of 7/10/14 showed cervical radiculopathy. Guidelines clearly do not support facet blocks for acute, sub acute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended as in this case with requests for C4, C5, C6, and C7. Clinical symptoms and EMG were positive for cervical radiculopathy, a contraindication for medial branch blocks and there is no MRI report provided for review to indicate significant facet arthropathy, but showed disc protrusion with nerve impingement. Submitted reports have no indication for failed conservative trial for diagnoses of cervical complaints. Criteria per Guidelines have not been met. The Dorsal Medial Branch Block of left C5-C6 Qty 1 are not medically necessary and appropriate.

Dorsal Medial Branch Block of left C6-C7 Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Blocks for facet Mediated pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Review indicates MRI of cervical spine on 3/19/14 showed disc protrusion with mass effect and nerve impingement on left lateral side. EMG/NCV of 7/10/14 showed cervical radiculopathy. Guidelines clearly do not support facet blocks for acute, sub acute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended as in this case with requests for C4, C5, C6, and C7. Clinical symptoms and EMG were positive for cervical radiculopathy, a contraindication for medial branch blocks and there is no MRI report provided for review to indicate significant facet arthropathy, but showed disc protrusion with nerve impingement. Submitted reports have no indication for failed conservative trial for diagnoses of cervical complaints. Criteria per Guidelines have not been met. The Dorsal Medial Branch Block of left C6-C7 Qty 1 are not medically necessary and appropriate.